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Regional Oral History Office

Earl Warren Oral History Project

EARL WARREN AND THE STATE DEPARTMENT OF MENTAL HYGIENE

Frank F. Tallman, M.D.

Dynamics of Change in State
Mental Institutions

Portia Bell Hume, M.D.

Mother of Community Mental
Health Services

Interviews Conducted by
Gabrielle Morris

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PREFACE

The Earl Warren Oral History Project, a five-year project of the Regional Oral History Office, was inaugurated in 1969 to produce tape-recorded interviews with persons prominent in the arenas of politics, governmental administration, and criminal justice during the Warren Era in California. Focusing on the years 1925-1953, the interviews were designed not only to document the life of Chief Justice Warren but to gain new information on the social and political changes of a state in the throes of a depression, then a war, then a postwar boom.

An effort was made to document the most significant events and trends by interviews with key participants who spoke from diverse vantage points. Most were queried on the one or two topics in which they were primarily involved; a few interviewees with special continuity and breadth of experience were asked to discuss a multiplicity of subjects. While the cut-off date of the period studied was October, 1953--Earl Warren's departure for the United States Supreme Court--there was no attempt to end an interview perfunctorily when the narrator's account had to go beyond that date in order to complete the topic.

The interviews have stimulated the deposit of Warreniana in the form of papers from friends, aides, and the opposition; government documents; old movie newsreels; video tapes; and photographs. This Earl Warren collection is being added to The Bancroft Library's extensive holdings on twentieth century California politics and history.

The project has been financed by four outright grants from the National Endowment for the Humanities and by gifts from local donors which were matched by the Endowment. Contributors include the former law clerks of Chief Justice Earl Warren, the Cortez Society, many long-time supporters of "the Chief," and friends and colleagues of some of the major memoirists in the project. The Roscoe and Margaret Oakes Foundation and the San Francisco Foundation have jointly sponsored the Northern California Negro Political History Series, a unit of the Earl Warren Project.

Particular thanks are due the Friends of The Bancroft Library, who were instrumental in raising local funds for matching, who served as custodian for all such funds, and who then supplemented from their own treasury all local contributions on a one-dollar-for-every-three dollars basis.

The Regional Oral History Office was established to tape record autobiographical interviews with persons prominent in the history of California and the West. The Office is under the administrative supervision of James D. Hart, Director of The Bancroft Library.

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1 March 1973
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Interviews Completed by October 1973

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Volume II in process.

EARL WARREN AND THE STATE DEPARTMENT OF MENTAL HYGIENE. 1973

Frank F. Tallman, M.D., Dynamics of Change in State Mental Institutions.

Portia Bell Hume, M.D., Mother of Community Mental Health Services.

EARL WARREN AND THE STATE DEPARTMENT OF PUBLIC HEALTH. 1973

With an introduction by E. S. Rogers, M.D., Dean, UC School of Public Health, 1946-51.

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Marguerite Gallagher, Administrative Procedures in Earl Warren's Office, 1938-1953.

Verne Scoggins, Observations on California Affairs by Governor Earl Warren's Press Secretary.

Beach Vasey, Governor Warren and the Legislature.

INTRODUCTION

In The Bancroft Library's Earl Warren Project on California government, the memoirs of Dr. Frank Tallman and Dr. Portia Bell Hume document the accomplishments of the State Department of Mental Hygiene during the 1940s and 50s. Each of them were responsible for major changes in direction in the state's services for citizens in emotional crisis, Dr. Tallman for upgrading standards of care and personnel within the state hospitals and Dr. Hume for development and implementation of a variety of treatment and preventive services operated and planned by local communities.

Administratively, the Department of Mental Hygiene was created in 1946 to separate mental hospitals from correctional facilities for women and youth. This collective operation had previously been titled the Department of Institutions. Such a clarification of function and responsibility was characteristic of Governor Warren's approach to government, coinciding with the best contemporary professional thinking, as was Warren's national search to find a top-quality man to head the new department, and the ratification of the selection of Ohio's Dr. Tallman by the search committee of California medical leaders. In complement and contrast, Dr. Hume's entire professional career was related to state psychiatric services and she comes from an early California family with a tradition of public service.

Their goals, in the rhetoric of the day, were "to take California out of the asylum age and into the hospital age" and "to stop warehousing the mentally ill"--practically; to shorten the time patients stayed in the hospital; and to provide alternatives to hospitalization through early professional intervention and greater community understanding. Acceptance of these new services and a growing supply of people trained in these new careers produced dramatic decreases in state hospital populations over the years and dramatic increases in costs. At one point, the Department of Mental Hygiene budget, including subventions to counties, rivaled the highway budget and public schools as the largest items of state spending.

In 1973, faced with major philosophical disagreement and economic uncertainty, the department was discontinued and its services merged into an umbrella health and welfare agency.

These interviews, then, sketch the life cycle of a governmental entity which has had considerable impact on state and national thinking and practice not only in mental health, but also in related areas of social service.

As well as these Tallman and Hume manuscripts, The Bancroft Library holdings include other memoirs concerning the state's role in mental health services: Karl Bowman on Langley Porter Neuropsychiatric Institute, Nathan Sloate on the development of field services, and Kent Zimmerman on mental health orientation of public health staffs. Tapes or rough transcripts are available by George Tarjan, Fred Butler, and Olga Bridgman on care of the mentally retarded.

The memoirs of Harry Lutgens, Helen MacGregor, John Francis Neylan, Langley Porter and Alan Post also contain valuable material. Miss MacGregor gathered much of the data on which Warren made his decision to create the Department of Mental Hygiene, and to support psychiatric services for correctional facilities. The appendix to her interview includes a letter from Dora Shaw Heffner, Warren's first appointee as director of institutions, outlining her hopes for improvement of the department. In his first assignment for the state, legislative analyst Alan Post reviewed the state hospital budget and comments sympathetically on the relationships between program and costs. Dr. Porter, of course, is the physician for whom the state's first psychiatric training clinic is named. His memoir recounts the negotiations between the state and the university for the founding of the clinic. It includes a selection of Dr. Walter Treadway's papers on the U.S. Public Health Service's interest in the clinic. The Lutgens and Neylan manuscripts refer to efforts at modernization of state hospitals in earlier years, during the Johnson and Richardson administrations.

Good general summaries of the changes in operation of the department may be found in the various editions of the California Blue Book. Arrangements are under way for the deposit in The Bancroft Library of Dr. Hume's papers and the legislative files of state senator Alan Short relevant to the community mental health services legislation of 1957.

Gabrielle Morris,
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Earl Warren Oral History Project

Frank F. Tallman, M.D.

DYNAMICS OF CHANGE IN STATE MENTAL INSTITUTIONS

An Interview Conducted by
Gabrielle Morris



Frank Ford Tallman, M.D.

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INTERVIEW HISTORY

Frank Ford Tallman, M.D., was interviewed by the Regional Oral History Office in order to document his contributions to the administration of Governor Earl Warren as director of the State Department of Mental Hygiene, 1949-1953, during which time major changes were made in the state hospitals and the foundations were laid for community psychiatric services.

Two interviews were held, on October 20 and 21, 1970, in Dr. Tallman's office at The Westwood, the psychiatric hospital in suburban Los Angeles which he joined upon retirement from UCLA in 1969 and headed until his semi-retirement in 1971. The informal, comfortable atmosphere within the single-story building surrounded by trees and flowering plants indicated that Dr. Tallman practiced the open, therapeutic environment methods discussed in this memoir.

He was unobtrusively well-dressed, of moderate size, with grayed sandy hair and a keen gaze behind his glasses. In a brisk, professional though friendly manner, Dr. Tallman talked freely and candidly on the outlined topics, declining to digress into matters not directly related to Governor Warren or his work as director, or to overrun the time scheduled for the interviews taken from his patients.

In the first interview, he described the process of becoming a member of Warren's cabinet: in a sense, the two men screened each other. A skilled, trained observer, Dr. Tallman's comments reinforce and clearly state the positive feelings of many interviewees who worked closely with Warren. He recalled Warren saying,

"...you can have my word of honor that I'll never make a step, with respect to your department, without checking with you. Of course, I would expect that if you were to make a major change in policy, you'll check with me. I can guarantee that if you want to talk with me there shouldn't be any problem about that."

Dr. Tallman's conclusion was

"this was quite a guy...and that really, he had a reason to practice politics. The reason was that--at least a big part of the reason was--that he really wanted to do something for people. It was evident to me that he loved the game of politics..." and "...It was evident to me as he talked that he kind of turned the cards face up, that he wasn't obtuse or devious or manipulative."

Later, on Warren's role in development of mental health services:

"...this particular governor was different. He was prepared to use the power of his office to do those things for the mentally ill that he felt ought to be done... His involvement in worrying about the mentally ill, as a kind of problem that unfortunate people had, very rapidly broadened into knowledgeable concern, a very personal concern. It soon got so that he and I enjoyed a mutual eagerness and enthusiasm for the job that we were doing together."

The second interview centered on Dr. Tallman's improvements in the state hospital program and administration based on concepts he had evolved as a state official in New York, Michigan, and Ohio, with discussion of changes in the role of hospital superintendents, upgrading of personnel through training and civil service, and the demonstration of the efficiency of prompt, intensive care of patients, which has been extensively documented in medical literature as The Stockton Project. These pages contain considerable practical information on the techniques of public administration and the development of staff, public and legislative support.

The interviewer will long cherish Dr. Tallman's expression of professional approval when the recording sessions concluded. He later reviewed the edited transcript of the interviews, deleting minor passages and clarifying others.

Appendix materials include a speech made by Dr. Tallman in October, 1949, outlining his concept of a state mental health program which encompasses the broad scope of community services, theories which have yet to be fully realized. There

is also an article presenting his views on the legal rights of the mentally ill, which were not touched on in the interview; and a general press release prepared by the governor's office summarizing major developments in the department, 1943-1950.

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29 September 1972
The Bancroft Library
University of California/Berkeley

ERRATA

Frank F. Tallman, M.D.
Dynamics of Change in State Mental Institutions

Page i, lines 9 & 10

Now reads "...which he founded shortly after leaving state service and headed..."

Should read "...which he joined upon retirement from UCLA in 1969 and headed..."

Page ii, paragraph 3, line 3

Now reads "...he had evolved as mental health director for New York State, with discussion..."

Should read "...he evolved as a state official in New York, Michigan, and Ohio, with discussion..."

Page 3, paragraph 6, lines 1 & 2

Now reads "...a similar job in Michigan and I had this one in Ohio,..."

Should read "...a similar job in Michigan and I had had this one in Ohio,..."

(Interview #1 - October 20, 1970)

I THE SELECTION PROCESS

The Recruiting Committee

Tallman: As I got the story, Governor Warren decided that California needed to improve its mental health services. This decision was crystalized by a large and representative conference on mental health that he caused to be held in Sacramento early in 1949.* At the time he came to this conclusion I think they had a lay director.

Morris: Dora Heffner...

Tallman: That's right. She became ill, I understand, more or less chronically and began to spend less and less time in the office. It became evident that he was going to have to make a change.

I think that he decided that this was the time to make a national search and see if he could get a well-trained person, who was a psychiatrist and who had had experience with similar programs, to take over the department. He constituted a committee, which you probably know about. This committee consisted of the deans of the medical schools--that would be UC Berkeley, UCLA, Stanford, USC--as a search committee.

*Interim and final reports of The Governor's Conference on Mental Health and Continuing Committee on Mental Health are in Earl Warren archive.

- Morris: I didn't realize that it was that broad, that Stanford and USC got in, too.
- Tallman: Oh, yes. Also at that time the Seventh Day Adventists had--and still do have--a medical school. I've forgotten what the name was because they changed it.
- Morris: Loma Linda.
- Tallman: Yes. It wasn't that then. It was the College of Medical Evangelists or something.
- Morris: That's right.
- Tallman: That dean from that school was on the comittee too but I've completely forgotten his name. One problem you are going to have with me is that I can't remember names very well. That's been a chronic problem with me, so maybe I will sound kind of vague sometimes.
- Morris: If you can give us a clue maybe we can get the name.
- Talman: Now in addition to these members, he invited Mr. James Dean, who was his director of finance and in whom he had great faith, to be an ex officio member.
- Although I do not remember the name of the dean from Loma Linda, I know that the Governor received and respected the advice of the president of the school, who was Dr. George Harding.
- Morris: Is this the Harding family?
- Tallman: Yes. President Harding was the uncle of the man I'm talking about.
- Morris: United States President Harding?
- Tallman: Yes. Right. Well, that's neither here nor there, because the reason he was chosen for this committee was because he ran a medical school and because he was also a distinguished psychiatrist.
- Morris: Wilton Halverson had come from that school, hadn't he?
- Tallman: Well, Halverson was involved, too, because he was

Tallman: director of public health at the time, and so was Richard McGee, who was director of corrections. Now these fellows were ex officio--Halverson and McGee and the director of finance.

Morris: James Dean.

Tallman: Yes, Jim Dean.

Now, I had no idea whatever of who they contacted or how big their list was, or anything of that sort. But I got a telephone call from Dr. Harding, whom I had met when I was director of mental hygiene in Ohio. He was active in the mental hygiene movement there and he and I taught in the Department of Psychiatry of the medical school of Ohio State. He had given me support and good advice in my job there. He had been director of the Harding Sanatorium which has been in their family for years. He left that post, on leave really, as an act of conscience to take over the medical school--to try to put it together. That's how he happened to be, temporarily for at least two years, in California.

By that time I had left the job in Ohio and had gone into private practice. He called from California and said, "Look, we've had a search committee and we've made a search. Our committee decided that you are a prime candidate and ought to be interviewed for the job. We want you to come out and meet with us and the governor.

Well, I had had a similar job in Michigan and I had ^{had} this one in Ohio, and I wasn't at all interested, really. My private practice was quite lucrative and I thought to myself, "Who needs that!" [Laughter]

So I told him that. I said, "I'm not really interested."

Morris: This is Warren?

Tallman: No, No! I hadn't met Warren. This was Harding, who had been deputized to invite me to come out here and be interviewed by the governor and the committee.

Tallman: However, they'd done some preliminary work because he said over the phone, "If you want the job, I think we have a unanimous vote and the governor certainly isn't going to go against that. Of course he wants to meet you, and so does the rest of the committee.

Anyway, I said, "No, I'm not interested."

He said, "Well, you know your expenses will be paid and it wouldn't hurt you to come for two or three days anyhow and get away from your practice."

Morris: Was this in the winter, by any chance?

Tallman: No, this was about spring. May or June, I can't remember.

So I said, "OK, if you want to pay my expenses, I'll come out."

So when I left home--of course my wife and I talked about this, and I said, "I'm not interested in that nonsense, but I'll go out anyway"--she said, "Well, why don't you take Ted out?" That was my son. He was about 16 at that time. "He'd like the trip."

So I said, "Sure, I'll take him out."

So we set out for California.

The committee that I'm telling you about were meeting in San Francisco. So I had my interview with this big committee. They asked me a lot of questions, about my background--which they already knew, but they went through this ritual anyway.

Power and Money

Tallman: I must admit that I wasn't interested in wasting time with that kind of stuff because I had no intention of taking the job. So one of them, I don't know which one it was, said, "Well, if you had the power, that would of course also mean the money, what kind of a department would you put together?"

Tallman: Well, this kind of fired me up a little bit. You see, I had been bored with about an hour of inquiry about my professional past. I began then to say some things about what I would do. So then we really got down to an interesting discussion, a very interesting colloquium, really.

Morris: With the people from the different administrative departments?

Tallman: Yes, as well as all the deans!

Morris: Medical school people.

Tallman: Oh, yes!

Morris: It must have been fascinating.

Tallman: Yes, it was--very interesting. Of course, time went on and I got interested in them, and I suppose they got more interested in me. And I thought, "Well, this is a bunch of really smart, dedicated people!"

Morris: Can you recall some of the thoughts that came out?

Tallman: Well, I think we have to go back a little bit.

You see, after they had asked all these questions, then somebody said, "Well, would you like to ask some questions about the set-up, as it is now, in California?"

[Laughter] Well, I thought, "Sure."

So I began to ask questions. I tend to start with the obvious and less important aspects of things and move towards the core, rather than vice versa.

So, of course, the first thing I asked about was the physical plant. While that's not of vital importance in terms of program, it's the staff that makes the program. You've got to remember that if you're dealing with a large state, county, or municipal agency, you're talking about money. No matter how you are going to spend it, you're talking about money, and if you've got a dilapidated plant that's falling down around you, you know that you're going to have to spend money on the physical plant or plants.

Tallman: The money you spend on structures, you can't spend on patients. Not that the patients don't indirectly benefit.

Morris: By a good physical plant?

Tallman: Well, sure they do; I'll demonstrate that in a little bit.

But the point I'm trying to get at is that if you have just so much money and you have outdated and dilapidated buildings on your hands, you do have to clean that up. That's money you can't spend for treatment purposes, per se. Do you follow what I am saying?

Morris: Yes.

Shortage of Buildings and Staff

Tallman: So they said the plant was in poor shape and they were in the process of rebuilding.* The governor had already recognized that the plant was disastrous, and at that time California could afford things--which it doesn't seem to be able to now.

Earl Warren got interested in mental health. I never could figure out exactly why, except he was always interested in people's problems. He's a very warm-hearted person. All you had, with Earl, to do is be sick and he'd want to help you. That's him.

So...

*A complete postwar building program, including all state hospitals, was planned in 1944. Patient capacity then was 24,586 and actual patient population was 29,748. Actual construction began in 1948 to provide a total of 8,113 additional beds at a cost of approximately \$22,000,000. On June 30, 1949, patient population was 31,542. The following year, the Public Works Board approved \$9.2 million for the initial units of a maximum security hospital to be built at Atascadero.

Morris: You were asking questions about what the Department of Mental Hygiene was like.

Tallman: Yes. As I said a minute ago I asked about the physical plant and they said it wasn't very good but the state government was already taking steps and had set aside "X" million dollars--in those days that was a lot of millions (I forget what it was)--and that a building program was in progress. What they intended to do was to demolish, in great measure, the old institutions and replace them with modern buildings and facilities.

So then I asked them about the kind of treatment programs that they had...what they did with patients, and what the proportion of doctors were per patient, and so on and so forth, and a lot of statistics of that nature.

Well, it was very apparent to me from their answers--Jim Dean did have the answers--that they were pretty short of professional help. And that they didn't have an in-service training program for the psychiatric aides, which were then called "attendants" and that they were way behind lots of states much poorer and smaller, in this respect.

So the more I heard about this, the less I was inclined to want to come out here, because I thought the picture was pretty dismal!

Morris: A long way to go.

Tallman: A long way to go and I didn't know if I wanted this kind of a mess. Well, anyway, they ended up by saying they felt they were going to do anything that they could to persuade me, that if the governor wanted me, I should take the job.

By that time, it was dinnertime and bedtime, practically. So it was the next day they sent a car for me to go out and meet the governor.

Morris: In Sacramento.

Earl Warren and Other Governors

Tallman: Well, parenthetically, I should tell you that I had a lot to do with governors because I was on this joint commission when Lehman was governor, you know, that was studying the problems of the New York state hospital system. Then, when I was in Michigan I worked for a couple of governors there. Then when I was in Ohio I worked for about three, I guess, there...two or three, I've forgotten how many.

Morris: That is quite a number!

Tallman: So, you see, I knew a bunch of governors. It didn't take me long to get on to governors, you know, and discover they were just human beings-- with the same frailties as other humans.

I was driven to Sacramento when I went to see Governor Warren. I was still in a pretty negative mood about taking the job. I didn't really know if I wanted the burden of a vast building program, and the burden of rebuilding a professional and technical program. The salary which they were offering, which was good for state jobs in those days, was a good deal less than I was making in private practice. It would mean a financial loss if I came to California.

Morris: It was less than the salary you were making in Ohio?

Tallman: I was in private practice and making lots of money. I lost a lot of money coming out here, because they couldn't pay me more than the budgeted amount.

Morris: You went to Sacramento and met Warren.

Tallman: And I am trying to tell you that I was still on the negative side, that I really wasn't very interested. I was slightly more interested because of the intelligent individuals I had met with in San Francisco. Frankly, I wasn't particularly concerned about how bright the deans seemed to be. But I was very impressed with the smartness and the wisdom and quality of Jim Dean and Halverson and McGee. I thought, "Now these fellows you can work with."

Tallman: And as you know very well in any government set-up, you've got to be able to work comfortably with the director of finance--or you're dead!

Morris: [Laughter] Very true.

Tallman: And somehow or other Jim Dean and I kind of, just intuitively, I don't know how these things happen, sort of knew we could get along.

Morris: This impression comes through the documents--that there was a relationship.

Tallman: Anyway. So I meet Warren. He said (I can remember clearly a lot of this), "I've heard good things about you, and I hope that we can welcome you here to California. Really," he said, "I suppose it was unnecessary for me to see you, because I have to believe my committee. But," he said, "I like to meet my cabinet members and I should think they would want to meet me and so, let's talk." So we talked about the department and what ought to be done about it. We had a meeting of minds about that, and he said, "I'd like to have you come. I'll offer you the job, the appointment."

I said, "Now just a minute, Governor, I'd like to ask you a few questions." You know Earl likes to talk quite a bit and I sat there and listened to him question and talk, and I thought, "Well, I'm going to ask a few questions, too." So I said, "I think I have to be honest about this, I'm really not too enthusiastic about taking this job because my present circumstances are very comfortable. I am in private practice, making a very good living. I'm doing teaching at Ohio State. That's a nice combination and you know I've got a family there and kids in school. I'm not about to uproot them unless I get certain assurances."

And he said, "Well, what are they?" And I said, "Well, I have to be certain that I can get to you when I need to get to you, and that I can depend upon your backing. I include political backing and I include financial backing because I've been through the mill and I'm not going to work for a governor who can't assure me of those kinds of support."

Tallman: "I may have to apologize for my rudeness, I really don't know anything about you. I live a long ways from here and you're just a name to me, and I don't know what you'd be like to work for and you would just have to put that on the line."

He said, "Well, I can understand that. I don't want to get involved with your experiences with other governors. But you can have my word of honor that I'll never make a step, with respect to your department, without checking with you. Of course," he said, "I would expect that if you were to make a major change in policy, you'll check with me." He said, "I can guarantee that if you want to talk with me there shouldn't be any problem about that. Now as far as money is concerned, you can't have all the money you need."

Morris: This is in terms of money to run the department?

Tallman: Yes, out of the state budget.

Then he said, "What did you think of the guys you met?" He mentioned the ones that I met in San Francisco, and I said, "Gosh, they're just great! They really did fire me up a little bit and it would be fun to work with them."

So then we kind of got past that.

Morris: Had any of them come back to Sacramento with you to sit in on the meeting? This was just the two of you? In the big corner office?

Tallman: Yes. In his official office. No, there wasn't anybody else there. So then we got talking about government, about people and about problems, attitudes, government services that they had and didn't have. The fact that if a man is in politics he does have to use political techniques; that there was such an entity as a professional politician.

Then he began to talk about himself a little bit, which I had previously kind of made up my mind to get him to do, because I'm pretty skillful at that technique.

Morris: That's your trade.

Tallman: My trade, yes, and I can practice it without seeming to practice it. So I got him talking about himself, about his family, about his real interests, and so on and so forth. So I came to the conclusion that this was quite a guy! That this was a very different stripe of governor than I had got involved with before, and that really, he had a reason to practice politics. The reason was that--at least a big part of the reason was--that he really wanted to do something for people. It was evident to me that he loved the game of politics; that goes without saying, no man is going to be a politician that doesn't like the game of politics. That's evident. It was evident to me he liked to be a winner--again, I like to be a winner, too. It was evident to me as he talked that he kind of turned the cards face up, that he wasn't obtuse or devious or manipulative. Another thing I liked about him is he didn't hand me a lot of political clichés.

Morris: In terms of internal government?

Tallman: In terms--no, no, no--in terms of our conversation. You see, he dropped his mantle in terms of his status as the governor. You can talk to a man who is the governor or is the president or the mayor, and you are never allowed to forget for one second that he is the governor or the mayor. We talked a long time. Well, I enjoyed myself very much.

He said, "Well, will you take the job?" We were both tired and it was time to quit. I said, "I don't know. I'll have to think about this. Besides, I have a family to consider and I have to talk to them about the thing." And he said, "Well, you know it's been in the papers that they had this committee and it's been in the papers that you've been invited out here. The reporters are going to be in here wanting to know what I'm going to do. I'll have to say something."

I said, "Well, you've been in tighter spots than that. [Laughter] I'm not going to say yes or no till I have a chance--after all, this has been a lot of pressure, all these people you've had pressure me [laughs] in San Francisco, and now this business. I've got to sort this out. Besides," I said, "I've got reasons why I want to stay where I am." Well, kind of reluctantly he agreed that he'd

Tallman: have to say negotiations were in process, or something like that. He would have loved to have run out there and done this. You've got to remember that he was under a great deal of pressure by the mental health association in California.

Morris: These are citizens' groups?

Tallman: Yes.

Morris: And professional groups? There were the professional organizations by then.

Tallman: Professional groups, too. Then you've got to remember too that the deans of the medical schools, particularly UC and UCLA, were anxious to have the hospital system upgraded. Dean Warren who was starting a new medical school, in a bunch of shacks over here in UCLA, wanted a fine department of psychiatry. He really wanted a psychiatric institute--which by the way he got. Therefore he wanted a state director who knew something about medical education, which I did. He wanted a director that he could work with. He wanted someone who was sort of adventurous and forward-looking as he was. So they were putting a lot of pressure on Warren to get busy and get this all settled.

Morris: Is Stafford Warren a psychiatrist also?*

Tallman: No, oh no. He's a radiologist.

So I could understand Warren's eagerness not to let this go on and on because, as it turned out, the committee had interviewed several other people. Who they were I don't know and I felt it was inappropriate to ask. So I went home.

Morris: Back to Ohio?

Tallman: Oh yes. Of course the family asked me about the trip and what I was going to do. I said I was thinking about this thing and I didn't know what I was going to do.

This is just an interesting sidelight: separately my son said to his mother, "You know, Mom, you might as well start packing up. I'm sure as anything he's going to end up in California. He just won't be able to miss that one!"

*An extensive interview with Dr. Warren has been completed by UCLA.

Morris: That's interesting. Had you talked with your son, had he enjoyed the trip very much, too?

Tallman: Oh yes, oh sure. I talked to him and told him some of the things that had happened and so on and so on. I think he could catch the fact that I was getting more and more involved. My son, incidentally, ended up becoming a doctor and also a psychiatrist.

Personal Career Goals

Tallman: But anyway, we talked the thing over and I had a whole series of feelings that can be summarized this way:

You see my experiences in Michigan and Ohio, while they were in many ways satisfying, in terms of what I felt my mission was, they weren't fully satisfying. In other words I had certain goals that I wanted to get to and for a variety of reasons I wasn't really able to do all I wanted to do in either state. The reason I couldn't do what I wanted to do in Michigan, I think as I look back now, was not because it was not possible. But because I was too young--that was my first top-level administrative job and I didn't have experience enough to know, really, how to acquire power and how to know I had it when I'd acquired it!

If one could run the clock over again I think that what I would do is stay in Michigan and omit Ohio. Because Ohio, as you know is the "mother of politics", and that is where I learned about politics. That is where I really learned whatever political techniques I know, was in Ohio and the experience served me well in California.

But anyway, I think really what happened to me was that I saw here through Earl Warren, and these other people, mind you, an opportunity to more completely fulfill my mission.

Morris: All of whom had fairly recently come to their jobs, too.

Tallman: Well, no, they had been there three or four years.

Tallman: Relatively recent, I suppose. I came to work for him at the time that he was going to run for re-election, for what was it, the third term?

Morris: Third term.

Tallman: So they had been there in the second term and I can't tell you just when each joined up. But let's say they were old-timers compared to me. In any case, I think that I saw here an opportunity to do--to finish out--if I can put it that way, the mental hospital system task that I had fancied for myself. Do you follow what I am saying?

Morris: Yes.

Tallman: So I thought about this and I kept getting telephone calls from Jim Dean and from Harding, you know, who kept asking, "Why can't you make up your mind?" and so on and so on. So I let all this digest in my mind. I had decided that I wasn't going to come to a decision impulsively but only after a lot of thinking about it. I felt that if they didn't want to wait that was their business and nobody's going to push me into anything. I had to come out here completely out of my own free will. Well, you see my wife and I had lots of talks about the move and about what I wanted to do.

We recognized that it could be that my judgment about Warren might be wrong, that he might have been snowing me as I had been snowed before by other governors--all kinds of promises that never really came to anything. But I set that aside because I'd picked up the essential honesty of this man and I made up my mind he was trustworthy. So then we decided that I would take the job.

Well, just about then, I got a wire from Warren, in which he said he wanted to make a public announcement. He wasn't really saying 'put up or shut up' but that was the implication. His position was very understandable to me because if I had had similar problems, I doubt very much that I would have been as patient as he was.

II ON BECOMING DIRECTOR OF THE STATE DEPARTMENT OF MENTAL HYGIENE

Tallman: Well--so that brings us up to coming to California.

Morris: What did it look like when you arrived and actually sat down at the desk?

Tallman: You mean when I walked from the outside into the inside?

Morris: The inside, yes.

Tallman: What aspect do you want to talk about?

Morris: You had said there were some questions that you had asked of the people in other departments about what was the status of the plant and of the treatment program.

Staff Evaluation

Tallman: Let's pick that up first then.

The first thing I did was call a general meeting of the superintendents to be properly introduced to them and to give them an opportunity to talk with me and to give them some chance to get the feeling of what I was like. Well, it's kind of hard to define this but I would say that the reception was circumspect and polite, but cold. I was really an unknown quantity to them, and they had greatly hoped that one of their own would be appointed.

Morris: You said this was traditional in lots of states?

Tallman: In lots of states. I'm sure that they felt they'd be more comfortable with one of their own men sitting in the director's chair.

Morris: Did they like the idea of a medical chief of the department?

Tallman: I don't think there was ever any question after it was announced that Mrs. Heffner would resign, in anybody's mind, but what there was going to be a medical chief because Warren so announced. That happened before I got involved, so if they were going to be happy about that, it would be before I got involved at all.

Morris: They'd already accepted this?

Tallman: Yes. I would be inclined to think that probably one or two of the superintendents had been interviewed about the job. This would have been a good technique, I think.

I could sense in three or four of them--not open hostility--but latent hostility. They really weren't happy with a carpetbagger coming in from Ohio to tell them what to do. I saw that I had this problem and I would have to get it straightened out, and it could only be straightened out by time, by us getting to know each other--a dialogue--and through giving them a voice in whatever reorganization or program planning or changes we were going to have. Then, of course, I sized up the department itself. And by that I mean the staff that the director had.

Morris: The central staff?

Tallman: Yes.

Morris: Which consisted of what, at that point?

Tallman: Well, there was Dr. Lawrence Kolb, who was a distinguished and nationally prominent psychiatrist who had retired from the U.S. Public Health Service. He, incidentally, was the father of the National Institute of Mental Health. Dr. Kolb was the medical deputy director and was acting director after Mrs. Heffner resigned.

Morris: I was going to ask you that question and about the National Mental Health Act or do the two go together?

Tallman: They pretty well go together.

Larry Kolb didn't really want the director's job--they asked him if he wanted it, and he was quite a lot older than I was. He didn't want it. I think if he wanted it he could have had it.

Morris: How did he happen to come to California?

Tallman: Well, he just wanted to live out here. He'd retired; a lot of people retire--somebody hunted him up to try to help Mrs. Heffner.

Morris: Had you worked with Dr. Kolb?

Tallman: No, no, I just met him at conferences and I knew his son very well. He and I took to each other quickly. It looked to me that we were a good team. So I knew I had one intelligent strong man right there--a psychiatrist and a man who was internationally known.

I kind of evaluated them all, it would take a lot of time to go into that, except that there were some holes that needed to be filled up. There were some people who probably did the best in their line. There were also some very good ones. As a matter of fact, the chief nurse, Katherine M. Steele, had written a textbook on the training of what are now called psychiatric technicians. She was great.

The social service section under Mr. Nathan Sloate was relatively strong. At least it had a start--and I could help it grow.

Morris: Would you tell us something about the particular strengths of some of those staff people?

Tallman: Mr. Carl Applegate--deputy director, buildings and finance--was very skillful in working with the building program and in the enormous job of rehabilitating those buildings that were worth keeping. His assistant was Mr. Robert E. Conahan, comptroller. Mr. Conahan worked very well with me and was our working link on a day to day basis with the Department of Finance. His advice and help were invaluable.

Tallman: Mr. Ralph Littlestone--personnel--was our link with the Civil Service Commission. His help in upgrading our job descriptions and qualifications and in organizing in service training programs was indeed noteworthy.

Miss Laverne Owens, chief dietician, made a very important contribution not only in upgrading the quality and quantity of our food but in advising in the design of all the food facilities in the new and remodeled buildings.

Mr. A. Edward Nichols was legal administrative assistant to the director. Not only did he help write all our new legislation but he was my link with legislature. [The rest of the central office personnel had programs that were not of sufficient importance to describe or discuss here.]

The central staff seemed genuinely glad that I had come aboard. The reason for that, however, was because Dr. Kolb had done a real good job of introducing me in absentia. So this was nice.

You want me to answer some of the questions in your letter? I've told you about the early meeting with Warren already.

Morris: Yes.

Warren's Role in Mental Health Services

Tallman: Your next question is: "How would you evaluate his role in the development of mental health services?"

I think that is probably the most important question in the lot. I would say that his role was--how could I say this? Obviously any governor who is responsible for providing support and requesting the legislature for money for a program is of prime importance. Whether he be good at it or bad at it, statuswise he is of prime importance. But you see the situation with this particular governor was different. He was prepared to use the power of his office to do those things for the

Tallman: mentally ill that he felt ought to be done. He did not take the position that he was a psychiatrist and he, therefore, knew what ought to be done. So he asked for advice from many sources. He listened to it carefully. There were times when he had to be convinced. But he was always willing to agree when he thought the information was sound.

Morris: Was this in terms of specific legislation that the department would request?

Tallman: Legislation or appropriations or major programs. Now you see we instituted certain major programs that cost much money. I would say that--I'll call him Governor Warren because he was my governor--not only did he learn well and I don't mean to use this in a derogatory sense, but he didn't really know much about what a good mental health program was, he just knew that he wanted the best one. He was eager to learn what a good program should be and how it could get started and how it should grow and what its goals should be. His involvement in worrying about the mentally ill, as kind of a problem that unfortunate people had, very rapidly broadened into knowledgeable concern, a very personal concern. It soon got so that he and I enjoyed a mutual eagerness and enthusiasm for the job that we were doing together.

Morris: Yes. Isn't that exciting?

Tallman: You know, it is interesting, there were times that he would convince me that I ought to do this, that or the other. There were times when I would have to convince him. But we were going down the same road. It was just a question of whether we would go down this way, or that way or that way, you see.

So he enjoyed it--I am quite sure of this--he and I enjoyed working together. He and I became colleagues.

Morris: Could you recall an instance when Governor Warren convinced you that something ought to be done?

Tallman: He strongly felt that the superintendents of the individual institutions should have a less parochial and isolated attitude and role and ought

Tallman: to be helped to be active in community mental health affairs. Also he thought that they needed encouragement in realizing the helpful importance of the central governing body--namely the State Department of Mental Hygiene.

Morris: This was about the time of the first Governor's Conference on Mental Health?

Tallman: Yes, and I arrived after that. I had no part in that. I wasn't even at it. This business that I'm telling you all was after that. I had the documents that resulted. I used to invoke it whenever I felt it to be helpful in dealing with the politicians, of course.

Morris: Yes. It's not very specific.

Tallman: I am talking about the relationship I had with the Governor. Often we'd have joint conferences where it would involve Public Health, Corrections and Mental Hygiene, and we worked with problems of mental illness that they were involved in, too, in one way or the other. We had a really good team, you see. They'd come up with ideas or challenges for me and vice versa.

Morris: Would this be in the order of developing preventive services in communities?

Tallman: It didn't matter what they were--whether it was how you deal with mentally ill criminals or how do you start preventive services.

I think you have to understand that when Warren was governor there wasn't any department that had any relationship with another department that was a private preserve. That he used the brains that he had around him to attempt to solve a problem, whether it was your problem or my problem or Joe Blow's problem. Which was one, I think, of his greatneses. He knew how to get people to give him the benefit of whatever background or business they were in.

Morris: And good personnel practice too.

Tallman: Yes, and he knew how to hire good people. Incidentally, this may seem quite beside the point,

Tallman: and yet it isn't: when he and I had that first interview I was telling you about, he never raised the issue of politics. He didn't ask me whether I was a Republican or a Communist or anything like that, and I didn't tell him what my political affiliations were. That issue never ever was raised, and I think that this was true of all his appointments.

Morris: It's legendary.

Tallman: I don't think he had any idea who they voted for.

Morris: Could I ask, in regard to your working with several other governors, was this an issue with any other governor?

Tallman: No. It was never a direct issue, in that sense. However, you see, there's a subtle difference here. Let's suppose that I wanted to do something in a given state that the governor thought was politically unwise, for whatever reason, and people wouldn't support him because he agreed to do it. Well, then of course, the answer would be "No."

Now with Warren, he never raised any issues like that. You never heard him say, "Well I don't think this is good. We're getting too close to the election. No, I don't think that is good for us politically," or anything of the sort. As far as I know, neither McGee nor Halverson ever had any problems of this sort with him at all. Certainly I didn't. Now this is mostly due to the strong character and high degree of integrity that Warren has. But also I think it is fair enough to say that he also cut a powerful political figure. I think he felt politically secure. But I don't think this made any crucial difference to him or his decision-making process because remember that he espoused what amounted to state health insurance against all organized medicine in California and a lot of the citizenry in general, and especially those who were conservative Republicans.

Morris: I haven't been able to document any citizen opposition. I have documented some medical association opposition.

Tallman: I don't know that you would be able to document

Tallman: organized citizen opposition. But I'm talking about a party. You know a party can take a negative attitude as an entity when in fact, as far as an organized citizen revolt is concerned, there isn't any.

Morris: That's true.

Tallman: This is kind of what happened, to a large degree. Although I'm quite sure people who might now be defined as Birchers would have taken a pretty dim view of this. Don't forget that any political party depends upon large donors for campaigns. So governors don't tend to fly in the face of attitudes that their major contributors may have. Now you see, I'm trying to say that as far as Warren is concerned I never found any evidence of that behavior at all.

Morris: That he would wait on doing something that he felt...

Tallman: Now for example, I have a kind of a hunch that the present governor of the state listens pretty much to his major contributors, and wouldn't be inclined to fly in their face very dramatically. I'm just trying to say that this is pretty true of most politicians. But it wasn't true of Warren--to my knowledge.

Morris: This may be partly because he always had trouble raising campaign funds, I understand, and didn't have that many large contributors.

Tallman: No, he didn't have much money. But he had a great mass of the intelligent public. So anyway, I think we could leave that for a moment, and go to Helen MacGregor.

Helen MacGregor's Influence

Tallman: Helen MacGregor was his confidential secretary. Her special interest and responsibility was what could broadly be called "the humanities." It had to do with the Department of Mental Hygiene, the California Youth Authority, and the Adult Authority. Who was in charge of the Youth Authority?

Morris: Karl Holton.

Tallman: That's right.

Morris: She considered mental health, I think, closest to her heart.

Tallman: That, and corrections. The way the office worked was something like this. She was a woman of rare knowledge and judgment. I respected her tremendously, and my wife and I came to love her personally. We are deep personal friends. I am quite sure Governor Warren would tell you, if she doesn't want to tell you, that he felt the same as we did, but of course with much greater reason. Not only was she all this, but she was entirely trustworthy. If you said to Helen, "I'm telling you something confidentially, that's just for you." That meant exactly what that word said. You could trust her with your life.

She was a woman of vision. She and I had a good time together. The way she and that office operated was that she was kind of the go-between in this sense: she took care of details that really didn't need the Governor's time. She screened things for him. Suppose I had a report and I thought a certain piece of it was something he really ought to pay attention to, I would give her the report--whether it would be my report or somebody else's that I had--and she'd read it over and we would discuss it in detail. Then she would go to Earl Warren and say, "Frank and I talked about this thing and we think that it's hot and we ought to talk with you about it." That's how we'd operate. In this way he didn't have to do a lot of unnecessary work.

Morris: But she had the detail if he needed it?

Tallman: That's right.

So usually all of us, the people that I've just told you about, would try out our violins on Helen, you see. If she took a pretty dim view, we'd have second thoughts and then sometimes she could be convinced after we talked to her again. But I don't want you to get the impression that she was in a position where she stood before a closed door. She

Tallman: was just part of the team and if we indicated that we wanted to talk to the Governor even if she thought it unnecessary, she always arranged the interview.

Morris: Yes. I get a strong sense of the team right there in the Governor's office.

Communication . With Departments

Tallman: That's where the team was. Don't forget that the Governor, with those that he felt important, was a very easy man to reach on the telephone. If something came up suddenly that I needed to talk to him about, to get some advice, I'd just pick up the phone and call him. Helen would put me right through as soon as possible. That's another thing I want to make very clear, that somehow Warren was able to so construct his time that he was always available--in a shorter than almost reasonable time.

Morris: To his administrative staff, as well as the people in the legislature?

Tallman: Now don't forget this, too, if Warren had some information that was brought to him by somebody that affected any of our departments--and of course, I'm talking primarily about mine--he picked up the phone or called you over and told you about it. He never kept us in the dark.

Morris: You mean of developing political events?

Tallman: Of political attitudes or complaints, or of the behavior of some of our key personnel. But let's suppose that he became aware that one of our superintendents was under some criticism. Let's suppose that the criticism had been brought to his office by the local representative--be he a senator or assemblyman or perhaps a reporter. That's usually how these things are transmitted. He didn't delay at all. He'd just pick up the phone and say, "Frank, Senator So-and-So was in here and he's talking about Superintendent So-and-So. You ought to look into this and let me know what you find out. And these are the facts as I know them."

- Tallman: Also, he expected not to be taken by surprise, and by that I mean that if we had a crisis in the department, he wanted us to let him know at once. So this closeness of communication worked both ways. We made every effort to see that he wasn't caught flat-footed, in the same way that he made every effort to see that we weren't either.
- Morris: In case a legislator in turn came back and said, "What's this I hear about----" or something like that?
- Tallman: Or in case it should hit the newspaper; don't forget the reporters, and the mass media.
- So I would say that he had a genius--it was a genius--of working with his staff, and he never let them down. That's saying something of great importance, I think!
- Morris: It's phenomenal considering the number of departments and the number of new departments that were brought into being.
- Tallman: Just fantastic! I think--I know he had a very close working relationship with all of us that I mentioned. I wouldn't know what kind of relationship that he had, let's say, with the director of the Department of Public Works or other departments because they weren't really involved with our responsibility but I am sure the relations were the same.
- Morris: Did the Department of Education come within this group that you were in?
- Tallman: You know the director of the Department of Education is an elected official.
- Morris: [Laughter] Yes, I am quite aware of that.
- Tallman: Was it Simpson that was...
- Morris: Roy Simpson.
- Tallman: Well, this is a negative thing to say but, let's put it this way: I was singularly inept or unable to really get very much cooperation from them, in terms of preventive mental health activities in schools.

Morris: I get the feeling of the same difficulty from Public Health's point of view.

Tallman: I couldn't make any time with them. I tried and tried and tried--a waste of time. You know they'd give you, "Oh, we're glad to see you" and they'd set up conferences over in their offices, but nothing ever came of them. You know what happens after a while. After you've had about a year of that kind of experience, you just quit trying. You just literally don't have the time to waste! That situation was always a sad and frustrating thing.

You know Warren couldn't do anything about that because he couldn't remove him, but I'm sure he recognized that problem.

Morris: It is interesting that Education should be an elected position, and that Health and Mental Hygiene not.

Tallman: I don't think it should be. I think it should be an appointed one. But this is beside the point.

Now, I want to say again--I know it's repetitive, but I think Helen MacGregor earns an enormous amount of--well, put it another way--I think the improvement in the mental health program in California when Earl Warren was governor owes a great deal to Helen MacGregor.

Morris: That's a nice thing to say. I have this feeling that she did a tremendous amount of going around on her own two feet and talking to people all over the country about their programs.

Tallman: She did, she did. But I didn't really mean what she did with mass media or public presentation when I said that. She did that, and that was very important. But I'm talking about her official capacity.

Morris: As liaison, and keeping all the information up-to-date for Warren?

Tallman: Oh, yes, she's wonderful. Now there's another fellow, whose name you don't have here, whose name was Small.

Morris: "Pop" Small.

Tallman: That's right. Pop Small was also in charge of the same group. He was really the guy who was the Governor's go-between on the table of organization. Pop Small was departmental secretary for all these things, and Helen MacGregor would just have one line down, confidential executive secretary or whatever. Now Pop Small really was just as interested as Helen. But Pop had a more difficult job in this sense, that he had to face politicians and the mass media all the time. They were always bombarding his office for news and asking innumerable questions.

Morris: He was a newspaperman...

Tallman: Yes, prior to joining the Warren administration. He was part of the team and I want to tell you--he was for our programs! There's no question about that. He helped immensely! I can't say enough for Pop Small. I think why I selected Helen to talk about first was because she was, in a sense, in daily, hourly contact with the Governor. She kind of elected, I don't know whether he assigned it (I doubt it), but she kind of elected Mental Health and Corrections as her babies--and we were very fortunate in terms of their mother, so to speak. I don't think we could have gotten the program we finally ended up without Helen MacGregor and Pop Small.

Of course this isn't saying that we wouldn't have gotten anything, we wouldn't have had Helen MacGregor or Pop Small if it hadn't been for the genius of Earl Warren. Because, don't forget, I've had to deal with a lot of their counterparts in other states, and I know that quality against this quality. I think we can leave this area now.

Education for Community Services

- Tallman: In answer to your question about implementation of the Short Doyle legislative activities, the answer is that I was actively involved in important stages of that legislation. In the last year that I was in office, we introduced into the legislature a bill patterned after the New York legislation that was similar in broad outline to the program that ultimately became law in California...
- Morris: Which had been developed when you were doing the New York study?
- Tallman: No, no--long after. Just a year or so before we introduced it here. I got this bill introduced for educational purposes because I knew perfectly well that the legislature was not at that time knowledgeable enough to pass it. It didn't pass, and quite honestly I didn't expect it to pass. I have always felt that you have to prepare both the public and the legislature for forward-moving steps and that the way you prepare them is to present the problem and present a solution purely as an educational device. More times than not you fail the first time. So I proposed things to the public and the legislature somewhat like I'd give a lesson to a class, so to speak, knowing perfectly well that I was planting a seed that wouldn't sprout right away.
- Morris: Did you yourself go to committee hearings and whatnot to present...
- Tallman: On this thing? Oh, sure. Oh, we worked hard to get that thing through. But again, what we were doing was educating the committees.
- Morris: Were the legislators responsive?
- Tallman: Well, they were interested; they were interested. But, you see, this legislation became involved in the attitude the legislature had to giving money to the counties, because the Short Doyle program was 50-50 matching funding to start with and they didn't understand and weren't acquainted well enough with that kind of approach to mental health

Tallman: problems to know that in the long run it would save both the state and also the counties money.

The way the thing has turned out, it isn't saving the state any money. It cost it a lot of money, just as they predicted it would because now the sharing is 90 state and 10 county.

Morris: Yes, and I've wondered why this is so, because it seems so logical that preventive services and community services would save money.

Tallman: Well, you see, now you're getting into a complicated affair, and you should get this information more accurately from the present director. He can tell you why it went this way.

Parenthetically, I think it went this way because what they are doing, for obvious reasons, is closing buildings and thus making state hospitals much smaller and expecting the counties to care for the patients in the early stages of their illness so they won't need to be hospitalized. It makes good sense to me. It's what I wanted to do anyway.

Morris: Yes. Therapeutically, it makes sense.

Tallman: Well, sure! And it makes good sense money-wise, because you see, it is six of one, and a half-a-dozen of the other. If you have to spend ten millions over here in building an institution, and you can take those ten millions to keep the people at home and treat them earlier and more effectively you really aren't spending any more money, you are just spending it in a different way. So actually, taxwise, there isn't any difference.

Morris: OK, I'll buy that!

(Interview #2 - October 21, 1970)

Power of Public Support

Tallman: You made a comment in your letter about citizens' groups.

Morris: Yes. Had the citizens' groups been active before the Short Doyle Act?

Tallman: It's always been my philosophy that in order to develop sanction and power to carry out a program, particularly if it was to be a progressive one, and to cost a lot of money, you've got to have political support. In order to get political support, you've got to have public support, because it's a very rare politician who will espouse a cause that uses taxpayer's money, unless he can feel that his constituency is supportive of that program.

Morris: That's the nature of an elective kind of a government.

Tallman: That's true of the political scene. A good many administrators don't seem to understand this fundamental political fact. I think it is chiefly because they come to their jobs as professional individuals who've had no public administration training. That's how I went to my job, with no real training for administration in Michigan. I had to learn things the hard way. So by the time I got to California I knew about political facts of life and could use political techniques. Therefore I worked closely with any organization that did have or ought to have an interest in mental health.

Morris: What were some of those groups?

Tallman: Oh well, of course there were the mental health associations. At that time there wasn't a state one, there were several local ones. That meant a lot of extra work that now wouldn't be quite so necessary.

Tallman: Then one of the very powerful ones, of course, was the PTA, and I spent a lot of time speaking at their meetings and conferring with their leadership groups.

Morris: Was that Mrs. Wyckoff?

Tallman: Oh, I am not sure who the presidents were, just don't know. They changed presidents and the officers each year. I don't remember their names.

And then I worked with the League of Women Voters and the American Association of University Women.

Morris: You felt the women's groups were more important?

Tallman: Very valuable indeed. I might say in passing, though, in terms of the California scene and the other states I've been involved in, a group like the League of Women Voters or the American Association of University Women are not feared by the politicians. It was very interesting...

Morris: Is that good or bad?

Tallman: Well, that's bad. The politician isn't going to go out of his way to follow your guidance if he thinks that he doesn't need to. But it was a very interesting piece of fact--I'm using California as a good example, but the same thing would be true other places--is that when we had a public committee hearing--public hearings are really showcases because important decisions are rarely made at these hearings. Sometimes they are, but it's rare.

Usually the proceedings are pretty much a public informational public relations deal. When the lobbyist for the League of Women Voters or representative of the Mental Hygiene Associations would speak in support of the budget or legal change that was proposed, you'd notice that the senators or the assemblymen would be reading papers or getting up and walking out or obviously paying little attention.

When the PTA representative got up to speak, they listened attentively. I couldn't read their minds while they listened, but they were paying

Tallman: attention! The reason for this change in behavior is obvious--the PTA in California represented about two million votes, at that time. That doesn't mean to say that they could deliver two million votes. But nevertheless they were a powerful group of people, because they contained, in a sense, men as well as women, the husbands of all these ladies, their neighbors, and friends. The PTA's policy was to support or oppose clear cut issues. They could be good friends or dangerous enemies.

Morris: I have often wondered whether or not the women's groups did exert this kind of influence.

Tallman: I don't know what the League's policy is now, but you see when I was involved it really wasn't an advocacy group. It was a study group that said, "On this issue, we've made a study and this is what we found. Take your choice."

Now the AAUW is a much smaller group, and it's seen by the legislators as a high level group of intelligent women whose espousal of a cause represented few votes.

Work With Opponents

Tallman: One of the things that you have to understand is that if you're going to get a program going you can only afford to spend a limited time with your dependable friends. I have always felt that you must do things that are uncomfortable, like you've got to speak at innumerable lunch clubs--for example; to the Kiwanis, or the Optimists. Now I don't mean that one has to speak to small groups but there are many major meetings in major groups that an invitation has to be covered. They give you only twenty minutes, but then you make an appearance and you can get over two or three important points. You also have to work with other kinds of organizations that are protective of the public purse--largely taxpayer's associations--the League of Cities, Chamber of Commerce, etc.

Morris: You mean they are protective in the sense that they...

Tallman: Well, don't you see, the League of Cities is out to protect the dollar of the city and get all of the dollars from the state that they can. The Taxpayer's Association is out to avoid any increase in taxes. Well now, if you're in a position where you want state money and you want a lot of it, it does pay to work with the League of Cities who represent, as you know, the power structure of large cities as well as small ones. And certainly it is not a good idea to ignore the taxpayer groups or the chamber of commerce, is it?

Morris: No, they're going to have to pay the bill.

Tallman: We're talking tactics now, and we'll get off this in a minute. But you see what happens is, you rarely can get a tax saving group to be your advocate in a public way. But you can get it to adopt a neutral position, and don't forget that a neutral vote is often just as good as an "aye." That's something a lot of people don't ever stop to think about.

Mass Media

Tallman: Now one other thing that I think I did a pretty good job on here was the mass media. I worked as effectively as I could with them. No, I didn't give many radio talks or TV appearances, because I thought that they had a limited value in terms of gaining support for mental health programs. I probably was wrong about this. I used contacts that we developed in order to get an opportunity for local hospitals to tell their story to their local communities, and to get other people--maybe the PTA, maybe the Junior Chamber of Commerce--to initiate public discussions about mental health. The senior Chamber of Commerce at that time weren't interested in the subject. We spent time with the Junior Chamber because they were often interested in our problems.

Morris: With the younger men.

Tallman: Yes. If you do that you can create situations where the local mass media, which includes radio

Tallman: and TV, can be of immense help. This way is much more effective than a presentation of a fifteen minute talk by the director. This is because people are more interested in what is happening locally.

Morris: Did Pop Small advise you or help in any way?

Tallman: Oh, he helped greatly through contacts. But I had the technique figured out from experiences I had in other places. I learned from a man whom I met soon after I went to Michigan. He was a by-line writer who considered himself to be a journalist, which in those days was a significantly higher level than a reporter. It didn't take him long to see that I was really an innocent abroad. He took a fatherly liking to me and he taught me an immense amount about how to deal with the mass media, which served me well. I would have made enormous mistakes without this help.

Morris: Do you remember his name?

Tallman: Yes. Alan Schoenfeld--he's probably retired now. But I really sat at his feet. Of course, it didn't do him any harm, because if we had any big news, usually he would have a chance to print it first.

Morris: Did he turn up in California, too?

Tallman: Oh no.

Morris: But the experience stood you in good stead.

Tallman: Well, so much for that. But I wanted to get that in because it made Earl Warren's task a lot easier to have, in general, the public supporting his program.

Morris: As constituents of the legislators.

Tallman: Well, sure!

Morris: I take it that these various citizens' groups and the mass media, in general, supported the kinds of ideas that you wanted to bring into the....

Tallman: Yes, but there is another use that you can make of supportive groups. That is, you can suggest to them that they attack by asking, "Why aren't you doing Z, Y or Z?" And so you've sort of got a preformed group of supporters who can help while appearing to hurt!

Morris: Who are raising questions that you would like to address yourself to.

Tallman: Yes. They also at times raised questions I didn't want raised. I mean, you can't have it both ways, you know. They used to attack me when it was unfair and sometimes when it was fair, when I'd have liked it better if they hadn't, because the timing was bad. On the whole, though, the supporting organizations made the job that Earl Warren and I had to do a good deal easier. But working in this way takes time.

Morris: To develop this kind of relationship with community groups?

Tallman: Yes, with community groups of all types. Our office, the Department of Mental Hygiene, was visited frequently by reporters. I always saw to it that I was available.

We prepared lots of fillers, too, you know. I had an information officer. The first thing I did was to hire Philip Smith as information officer. He was a good writer and an eager young man and had had experience as a reporter. It's great, you know, to have a lot of fillers because people who print weekly papers or what's called throw-aways often have a desperate need for fillers and will use your material if it is well written.

Morris: In between the advertisements.

Tallman: Yes. So we got all kinds of paper coverage, and mind you, never discount the usefulness of those little papers because they're community papers. Organizations often neglect their use--it's free news coverage. Oh it cost something, I suppose, to put the stuff together but you know all you have to do is to put them in the mail.

Morris: And quite often they're used?

Tallman: Yes. As fillers. With no commitment, but then they're there. You see, there's no sense in having that kind of program, by the way, unless you have it as a consistent program. If you just send out a filler once in awhile nobody pays any attention to it, but if they get a piece every ten, fifteen days then they begin to count on it.

III INNOVATIONS IN STATE HOSPITAL POLICY AND PROGRAM

Morris: Now, would you like to define for us what it was that you were trying to achieve in the state hospital system.

Tallman: I think we ought to see in broad outline what my program was.

The first item was to put into operation, within the hospital system as it existed, the best possible treatment program--so that from the moment a patient entered the hospital all facilities, technical and professional, (when I say technical I mean drugs, electro-therapy, etc.) was available to the new patient. I decided that we should use our funds and our recruiting abilities to heavily staff the reception services. This fitted exactly the plan that the state had developed because they were building new reception services--new buildings.

Morris: At each hospital?

Tallman: Yes, pretty much. I insisted, you see, that when one was opened it was staffed according to what I felt was medium needs, because our staffing ratios were so low that it would have been literally impossible to go from that level to a maximum level. We had to do it in steps. When I was there we never reached the maximum staffing pattern recommended by the American Psychiatric Association but we got close to it. I thought, "Let's get the shop working right. Let's use the know-how that we have right now, because they were not effectively using all their resources. So that was the number one step.

Strengthening Staff

- Tallman: The next major development was an in-service training program to train the personnel we did have to do a better job. With the help of Mrs. Steele, the wonderful chief nurse I told you about, training programs were organized that were highly educational and full of relevant context. They were taken on the hospital time. In other words, the people didn't have to take this on their own time.
- Morris: These were the attendants. These would be people with high school educations?
- Tallman: Yes. Of course some of the older ones who had civil service status didn't have even that. But we required them all to take the training. Finally the Civil Service Commission, through the skillful work of our chief of personnel, Mr. Ralph Littlestone, set up a new classification called Psychiatric Technician with an increase in salary. It was economically wise to take the training because a psychiatric technician got more money than an attendant.

Some forward looking, newly trained psychiatric technicians with leadership qualities thought it a good idea to form a professional organization to further their growth and to provide a state and national identity. Although the movement began in California and grew out of our training program, it soon spread to other states because similar training programs were springing up. This organization ultimately, some years after I left, became unionized with the AFL.

I supported the organization and tried to get all of our superintendents to join me in this endeavor. The only significant opposition to the movement came from organized nursing--they were afraid that the psychiatric technicians would replace them in the hospitals. This fear was increased when we created a new position in each hospital under the head nurse called Chief Psychiatric Technician.

Tallman: While all this was going on, I began a program of active recruitment of registered nurses. Preferably with a psychiatric background, but we took on RN's period--many who needed on-the-job-training. Well, that was a very difficult thing because good psychiatric nurses are very rare even yet. There are many nurses who, with no background with mentally ill patients, won't work in those kind of hospitals no matter what you pay them. Now our pay scale was below standard so we had to go to the Personnel Board and get it raised so we could employ them. Mrs. Katherine Steele carried this whole program and it is to her credit that we improved our RN position greatly. The RN's and their organizations were not friendly with me because I had so strongly and publicly supported the development of the psychiatric technician organization.

Morris: But you went to the Personnel Board to get the nurses a pay raise?

Tallman: Yes. You must remember that in California the pay-setting agency is the Civil Service Commission, not the departments. You therefore have to go and negotiate new classes of employees and changes in pay scale with them.

Morris: Is this so that salaries in one department won't get out of line with those in another department?

Tallman: Yes and so that salaries were competitive with other non-psychiatric hospitals. Now. So much for that.

Making changes and developing new programs depended upon getting the superintendents to go along. In-service training had to be done locally. Of course it couldn't be done in Sacramento. So at first the quality of training varied somewhat. The prescribed hours didn't vary, nor did the topics vary, but the presentation was varied because it was done by local hospital people.

Morris: Did you bring the people from the state hospital staffs to Sacramento to train them together as a group?

Tallman: That would have been logistically impossible and tactically unwise. But the chief nurse went to the

Tallman: hospital with her assistant, and spent time with the chief nurse there, who was in charge of that program. They together would select people on the staff they thought would do a good teaching job. We wanted it to be a local business because the superintendents viewed with some alarm a central organization that seemed to be and indeed was getting rapidly stronger. What we were trying to do was to accomplish the maximum growth with the minimum central direction of an authoritative nature, but our program developments came rather rapidly and the less able and forward looking superintendents were inclined to drag their heels and then the central office personnel had to push a little. Once in a while, on certain occasions I had to call in a superintendent and say, "Now look here, you're going to have to get going...."

Like any large organization we had some very able superintendents, and a few of much lesser caliber. Those, of course, were the hospitals where foot dragging was more or less chronic. Well, retirements came, and geographical changes were made that tended to encourage employment elsewhere, and I was able to bring in more able leaders.

Morris: Well, there is this kind of feeling, from the outside, that some superintendents ran their hospitals as sort of a feudal domain.

Tallman: Well, that's been the history of the mental hospital system in the United States since time immemorial. They were no worse at that here than they were anywhere in the country.

Morris: When you needed a new superintendent, did you look for somebody from in the department already?

California State Employees Association

Tallman: Well, you know it was a civil service job. You had to select from the first three names on the list the civil service gave you. You couldn't go out and pick somebody from anywhere. Examinations were held periodically within the system.

Morris: Did people who were not in the department ever take the test and get on the list?

Tallman: Well, when I first went there, the civil service was very rigid and wouldn't do that. You've got to remember that the civil service department of the state of California is monitored and pressured by the CSEA--the California State Employees Association. The policy was to promote people within the system and if the supply didn't meet the demand, recruit California residents. I, myself, was very favorably disposed to the civil service policy because you are never going to have a good system if people can't feel they can be promoted for excellence within the system, that they're not going to have to compete with everybody in the United States. So, although I think the policy has been liberalized, while I was there we got our people from within the system.

As I said it's operated in such a way that you get the first three names on the list and you can choose which of the three you want. It is not so unwieldy as it sounds, because if there was a man on that list who I didn't want--I could call him in and say, "Look, I think it is only fair to tell you that I would only appoint you superintendent of XYZ under duress. I don't think you can do the job and I wouldn't be happy with it." Well, if this is done 99% will say, "OK, I will decline. Perhaps the man below me will suit you better." They are not going to force you to promote them if they feel unwanted and can anticipate a difficult time.

Morris: That's true. So you have more power than it seems.

Tallman: Now, I think you ought to know that none of this upgrading of personnel and better pay scales could have been done without a lot of support from agencies that weren't within the department. You've got to remember I had to get a lot of support from the Civil Service Commission and their action from the Personnel Board.

Morris: Well, this upgrading of salaries and training seemed to be kind of a general thing in several departments.

Tallman: McGee was doing the same thing?

Morris: Yes.

Tallman: Public Health didn't have any great amount of employees. I don't know exactly what they were doing but I am sure Dr. Halverson was going the same way.

Morris: They didn't. But in that post-war period they made a huge jump because that was the period in which they were pushing out into local health officer development, and the local departments and working for that.

Tallman: That's right. I think that Governor Warren sparked a great development in that direction.

I want to tell you something interesting. One of the things that we decided soon after I became director, with, of course, the advice, pressure and the help of CSEA, was to change the shift system. When I got there each person worked twelve hours. I'd been used to an eight hour shift in Ohio. The California hospital working schedule was pretty bad. So I made up my mind that we were going to have three shifts--three eight hour shifts. Well, now that costs a lot of money. I thought I was going to have a very difficult time to get the money out of the legislature, to put this policy into effect.

But when I announced that we were going to pursue this policy, a number of superintendents opposed the idea, some rather violently. They didn't want it; they wouldn't have anything to do with it. I think that was the stickiest issue that I had with the superintendents.

Morris: Did they object to having to deal with that many more staff people?

Tallman: Well, they objected to--I would have to say that they objected to so radical a change in the staffing pattern. And also they saw this as disturbing their own little domains. They saw this as a centralized "power play," as they called it. Well I thought to myself, this is going to come anyhow because the labor unions and the CSEA are

Tallman: going to force it soon and they may as well make this change now. I knew it would give the patients much better care and so did the Governor. He was fully behind the move and gave me great support. So I tried to tell them all this, but some of them were pretty conservative and if you mentioned labor unions, or the CSEA, they'd get apoplectic. Anyway, we got the plan going.

Now, the next development was very interesting. After it was decided that a new shift plan was going to be put into effect and this was how we were going to go (when I say decided I mean the Civil Service Commission and its Personnel Board had approved), we almost had a serious disruption.

I think today we probably would have had a strike. The employees didn't want the easier work schedule! They would much rather live their lives as they'd become used to for years and work twelve hours, than work eight hours. They were simply furious! Well, they didn't really have any organization of their own. They were really powerless.

Morris: The employees?

Tallman: Oh, sure. They were powerless in terms of the political scene, in terms of the public scene.

Morris: Even though there was CSEA?

Tallman: No, they had no power through the CSEA, because the CSEA wanted the eight hours! Then, they discovered something too which they hadn't thought of, and that is that they could moonlight. A guy could work eight hours and then go and work somewhere else for four or five more.

Morris: Increase his income.

Tallman: Well, sure. They got delighted with that. But that took a little evolutionary time.

Now, let's go back to your main theme.

The Stockton Study: Intensive Care for Chronic Patients

- Tallman: Having established the policy of doing a better job where we were, in the ways I've just mentioned and having established a policy that we needed in-service training, the next place I had to go, on a departmental basis, was to institute and to encourage and to sell--if you can put it that way--research that was designed around the needs of the mental hospital population. You must remember that at that time we didn't have UCLA Neuropsychiatric Institute. We just had Langley Porter, and Langley Porter was set up for research purposes. It, as you know, had a relatively small number of beds. They did research; much of which was excellent. But it wasn't really designed to take care of the treatment and nursing needs of large populations.
- Morris: My understanding is that much of their research was designed as an aid to training.
- Tallman: And also basic research. Their research was an aid to training residents--not to train personnel for us.
- Morris: That's right.
- Tallman: And that's why I started the Stockton Study.
- Morris: I had come across references to that.
- Tallman: I want to tell you about that.
- Morris: Good.
- Tallman: Now, I could have gotten the money for a large research project from the National Institute of Mental Health or some other granting agency without too much difficulty, because the idea was worth funding. But I elected, for reasons that now must be obvious to you, to get the money from the legislature. I wanted to establish the principle that the legislature should provide money for research for the Department of Mental Hygiene, and at the same time I wanted a research project that would demonstrate that increased staff would produce an accelerated discharge rate.

Morris: That's interesting. The same kind of debate went on in Public Health to get the legislature to fund research.

Tallman: The policy decision I made has paid off because the legislature has put more and more money in research. You know, there is nothing like establishing a principle, followed by action--it tends to perpetuate itself!

Now, what I wanted to demonstrate was the soundness of the proposition that the more scientifically you treat a patient, and the more effective your treatment program for the patient is, the less likely he is to become a chronic patient. Also that it was cheaper to have a well-staffed institution and get your patients treated and get them back into the community, than it is to keep building buildings and warehousing patients--even though in a relatively well-staffed warehouse. So the research design was predicated on these principles and I personally said, "This is what I want done." Then I turned over the project to persons that Karl Bowman selected. He gave me one of the young men he'd just trained.

Morris: This was Dr. Galloni?

Tallman: Right. I used to go down every once in a while at the beginning; but quite often near the end of the project to see how things were going.

Morris: How did you happen to settle on Stockton as the....

Tallman: Ahhh! I settled on Stockton because the superintendent was so excellent. He was so fired up.

Morris: Who was he, at the time?

Tallman: Dr. Thomas Hagerty. He had been with the department for a long time and had recently been transferred from Camarillo to Stockton because of the large building program there. He really wanted the thing. He was supportive. There's no sense in putting in a major expensive piece of research in a hospital unless the superintendent is with you.

Morris: That's true. Were any other hospitals interested?

Tallman: Yes, but I figured that Hagerty was the leader of choice because it seemed to me that he was more scientifically minded than most of the others and would give us every possible help. It seemed to me a good garden to plant the seeds, so to speak. I considered him the leader of the superintendents--in terms of having a good hospital program. I also knew (and this was helpful too) that he was the kind of man who, in his very quiet way, would do an educational job, a persuasive education job, with the other superintendents because they looked up to him. If what we did in Stockton turned out pretty well then I wouldn't have to do much about getting the same attitudes, at least, planted in most of the other hospitals. It turned out that way.

I think you need to know the major design. What we really did was to take a large group, a whole building full, of patients who were chronic, who seemed to be hopeless and likely to stay there until the end of their lives. Then we matched them with another building full of patients whose ages and mental condition were as good a match as could be made.

Now in building number one, the one I just described, we didn't do anything any different than had been done before. In building number two, we put in the kind of nursing pattern, the kind of psychiatric tech pattern, the kind of social work pattern, the kind of conjunctive therapy pattern that we considered was what we wanted in the whole hospital system.

Morris: Was this open ward?

Tallman: Well, some of the patients couldn't be in open wards at first because they'd run away. To see the development of the project is kind of interesting.

At first, as far as what you might call "the mechanical management" it didn't differ very much from the others. But as the program progressed, building number two became for all practical purposes an open building.

Morris: Within, what, a year's time?

Tallman: Oh, much less than that! Now you can see what my design was designed to show. It was to show that if you do a good job in terms of that day's psychiatric knowledge, that it not only pays off in the lives of the people concerned--which of course is the essence of it--but it is economically sound. I got about \$350,000 - 400,000 to start with, then I had to have more money later. Those particular buildings were old structures but we had new facilities--like the auditoriums and occupational therapy rooms to work with.

The test that the whole thing had to pass was the rate and success of discharge, or convalescent leave. The record showed that if you programmed and staffed adequately you were going to get people out of the hospitals that nobody had expected to get out. Of course our rate of parole and our success of parolees (they were called parolees, now they're "on convalescent leave") was a great deal better than the control group. And, of course, every once in a while I saw to it that some reporters got down there and kept the public informed, to build up public support, because we planned to use nearly the same staffing pattern throughout the whole system which meant very large increases in personnel appropriations. As I said before public support meant legislative support.

Morris: Carolyn Anspacher was beginning to be a reporter on mental health affairs on the San Francisco Chronicle.

Tallman: Not in my time, I don't think. Anyway, this project was, I think, very significant. Incidentally, this was an important study, I really believe, in terms of the whole national movement and direction of better treatment by getting better trained and more staff. It was used by other leaders in other states to do what it was designed to do.

Of course, we got attacked a good deal by the legislative auditor's office, who, again, worried about tax money and so on.* But events have proven over the years, particularly more lately--when I say more lately, the last ten years--that our findings were sound and that our policy was right.

*Since Dr. Tallman's years as director, the name has been changed to legislative analyst.

Staffing Patterns for Measurable Results

- Morris: In the departmental reports, the program in Stockton was called "a total push." Is this the same as what is now called "milieu therapy"?
- Tallman: Well that's a hard question to answer. I'll tell you why; because what one institution calls "milieu therapy" mightn't be considered by another one as milieu therapy at all. I think you have to be careful in saying that--actually, milieu therapy is now conceived (I guess perhaps I should say I conceive it) as much more than that, because it involves what amounts to relationship therapy utilizing the nursing staff under the supervision of the attending psychiatrist. There's much more psychotherapy now involved on the staff level in milieu therapy than there was in the "total push" approach.
- Morris: Does this represent an increase in knowledge of psychiatric techniques?
- Tallman: It means that you're getting a higher level of personnel who can be technically trained and have a natural affinity to do relationship therapy.
- Morris: In the Stockton program you were increasing the skills of the staff in psychiatric techniques in relating to patients or just in their attitudes towards patients?
- Tallman: Attitude number one, and techniques number two.
- Morris: How much of what we consider psychotherapy was there in dealing with the Stockton patients?
- Tallman: Well, now we get in trouble with terms. How can I answer that? In a good milieu program today, a doctor will come in the hospital (whether he's on the paid staff, or whether it's a private one like this, where he has his own patients) and he will write an order to the effect that he wants Nurse So-and-so, or Mr. So-and-so, to work in a one-to-one relationship with his patient. Now that's a prescription. So the designated employee spends time with the patient, helping the patient to adjust to the problems as they appear and

Tallman: stimulates him to ventilate his problems as he feels them to be. In a milieu therapy operation you don't work with the unconscious of the patient but you work with the here and now behavior of the patient, as the patient feels it and acts it out.

Well now, in the Stockton study, although we had an enormously enriched staff pattern compared to what the standard was, we didn't really have the man-hours for that type of modern therapy, had we elected to do it. This was because I made up my mind that I had to keep things in some kind of organizational set that I could use as a standard for institutional staffing in California. I wanted to use the Stockton staffing pattern in the experimental building as a pattern throughout our hospital system.

Morris: So you wanted to be able to get objective, measurable results.

Tallman: It was not only to get objective, measurable results of the study itself, but to have a staffing pattern that produced results that the state could afford to put in its total system.

Morris: I see.

Tallman: So we did put limits on it for this reason.

Morris: And what other things do you feel were accomplished during your years as director? What issues got resolved and what new issues emerged?

Tallman: Of course, some of the issues and problems that were resolved were the rebuilding of the state hospitals.

Morris: The physical plants?

Admission Policies and Procedures

- Tallman: Oh, yes. That's item one. Item two is that we did set up a staffing pattern and improve a wage system that gave the patients a great deal better care. It provided in the reception services a much more satisfactory staffing pattern, in terms of richness, than had existed before.
- Morris: When you say reception services, does that mean that new patients would, by and large, be housed and treated in their own...
- Tallman: All new patients came into the reception service. We made a relatively flexible rule that we would keep patients in there for about ninety days, and if they didn't show much progress then we'd have to move them to other buildings. We had to move them on in order to make room for new admissions, you see. When I say "on", I meant services that had less rich a staffing pattern.
- Morris: This ninety days in the reception service would relate to the commitment procedures?
- Tallman: Not then. That's a standard that was subsequently adopted.
- Morris: In other words, you were encouraging commitments on a ninety day basis, rather than indefinite commitments?
- Tallman: Oh, we were encouraging patients to come in on a voluntary basis and our voluntary rate increased considerably--not nearly to what it is now, but that was the beginning of the upward curve.
- Morris: Did this require any legislative changes?
- Tallman: No, because it was already in the welfare code--a voluntary section. It just had never been used much because the public and local mental health officials hadn't been educated to use it.
- Morris: When you say there was an increase in voluntary admissions, was this accompanied by a decrease in court commitments?

Tallman: No. That was something that made the politicians very unhappy and shows what a dangerous position an unwise person can get into. When services began to improve, whether it's in case-finding or in treatment, instead of your admission rate going down, it goes up. This is because you find more patients--let's say the medical group in a community decide that your hospital is a good one and learn better how to diagnose who should be in a hospital, your rates go up instead of down.

Morris: Because more people are found by your new terms to be in need of some treatment.

Tallman: Because more people are found and are also willing to be sent to a mental hospital. More families are willing to commit patients to a mental hospital. More people are willing to go on their own on a volunteer basis, and more doctors, for example, are willing to advise mental hospital treatment. So I would advise anybody who wants to improve services, never to make a claim that improving the services is going to reduce the rate of admissions; it never does. It works exactly the opposite. It's an easy trap to get into.

What you can say with complete accuracy, and prove any time you want to is that a good medical-psychiatric program in a hospital will reduce the length of hospital stay and will increase the likelihood that the patient will stay out of the hospital.

Morris: So that there is a net gain to the community.

Tallman: There is a net gain to the health of the community.

Morris: That seems a desirable goal.

Tallman: That's right.

Morris: So, going back to the issues that were resolved--

Tallman: Well, the word "resolved"--you never really resolve an issue, because the minute that you get, for example, a staffing pattern set, new things come along and new needs arise, so that you're at a new point of growth.

- Tallman: All you can say is that a policy I thought was good in terms of staffing patterns was initiated. I think that that was all right, that it was initiated. Now the staffing pattern is probably a good deal richer than when I was there. I don't know, but I would guess so. It should be, anyway.
- Morris: We reached the point there, a few years ago, where the length of stay and the patient population had dropped to a point where it was felt that the staffing pattern could be reduced.
- Tallman: No. You've got that wrong. Not the pattern reduced but the total numbers, because they could close buildings.
- Morris: I see. This would seem to cause a great deal of unhappiness in the public mind.
- Tallman: We established, also, the fact that you can improve the mental condition of chronic patients, if you put in the time and money. Now obviously your results aren't going to be as brilliant as they are with newly ill people; but you can get those people out in larger numbers than had been thought.
- Morris: Did this involve the use of some of the drug therapies that have been much in the news?
- Tallman: The new drugs came out of research into general use, I would guess--this is a guess--just about a year before I left the department.* Of course they turned out to be a great help.
- Morris: In spite of all the problems that they've also produced?
- Tallman: Oh, I don't think they've produced anything like a problem, in terms of their effectiveness.

I'm not talking about habit-forming drugs like the kids are taking these days. I'm talking about the tranquilizer group of drugs.

*The first such compound synthesized was reserpine, reported in professional journals in 1952. By 1954, chlorpromazine was in use in many state hospital systems.

Morris: Chlorpromazine?

Tallman: Yes, that was the name of the first effective drug.

Plans for Early Intervention

Tallman: Another thing: when I came on board the state had three local mental hygiene clinics. There was one in Los Angeles. There was one in San Diego. There was one in San Francisco that Portia Bell Hume directed.

Morris: That was in Berkeley, I think.

Tallman: Berkeley, yes. I was moving in the direction not only of better hospital care but what I would call early intervention and prevention. So, obviously I was very supportive of their work and did all I could to increase the number and we did. We increased the number of such clinics. I've forgotten, I guess we doubled them or tripled them.

Morris: I think there were about eight by the time you finished. Did these relate to the hospital programs, in these areas?

Tallman: I'll have to say the answer to that was "No", and I'll tell you why. Number one, as a policy decision, I decided that we didn't want to look after patients on leave because we had limited staff and if we took care of patients who had been in the hospital and who were on convalescent leave, we wouldn't be able to do anything about early intervention or prevention. We just didn't have the man-hours. Well, this policy was workable because the department at that time had a Bureau of Social Service. They did the convalescent work...

Morris: ...with the patients on leave.

Tallman: Right. And they were out in the community doing that kind of work. I wanted the communities to get used to these new clinic services. What I wanted them to do was to take care of people before they got to the hospital at all, and to work with

- Tallman: children who were having problems in school and so on and so forth, and moving towards a preventative program.
- Morris: Was there reluctance in communities to have "mentally ill patients" recognized and treated?
- Tallman: No problem in terms of setting up a clinic. We did have problems in trying to locate new mental hospitals.
- Morris: Was this because of a perception of a difference in degree of illness or a difference in abnormality?
- Tallman: Yes. I think clearly that the community saw the clinics as used by people who weren't very sick or causing community problems. They saw the institutions as full of maniacs who would be dangerous to their children or to themselves or their property, which of course is a gross misconception.

Then, of course, our next move was to get the communities involved through what now has become the Short-Doyle sort of thing. As I mentioned before, we put a bill in the legislature to move in that direction as an educational device, which didn't get anywhere when I was director. When I left, Dr. Portia Bell Hume took this project up and with the help of certain legislators was the creator of the Short-Doule program. I had appointed her as deputy in charge of the clinic and preventative services and she pursued that vigorously and got an intelligent bill passed.* I'm not prepared to say that she did it all herself any more than I would say that all the things I have told you I did myself but without her leadership it would not have happened at that time.

- Morris: Had Senator Short participated in your earlier bill?
- Tallman: No, no, but Frank Lanterman showed interest in mental health at that time and supported our program.
- Morris: He was in the legislature at that time?

*In 1957.

- Tallman: Yes, he had just come into the legislature.* He was what they would call a freshman. But Doyle or Short I had nothing to do with, and I am sure they came afterwards.
- Morris: They're the names that stick in the public minds, of course.
- Tallman: But Lanterman is now the leader of that triumvirate, you know.
- Morris: I am interested to hear you say this.

*In 1971, Lanterman has served as an assemblyman from Los Angeles continuously since first elected in 1951.

IV OTHER MATTERS

Therapeutic Concerns in Other Agencies

Morris: You mentioned the word "parole" a while back in terms of the success of the program. I come across a couple of references to therapeutic programs in the Department of Corrections; is this anything you had something to do with?

Tallman: Only in an advisory capacity, in the sense that McGee and Holton shared their planning with me. It was a sort of a colleague consultancy. I had no official...

Morris: But did they have experimental programs?

Tallman: Yes, they did. They had experimental programs. All this you should get from them, of course, because they can tell you about the details in which they found, too, that better trained prison guards and better methods of dealing with the prisoners, like with group therapy and confrontation groups and so on, would be valuable. And that having an institution that was largely a medical and scientific facility like Vacaville was just what they needed.

Morris: I was interested in your role in it. We do plan to talk to Mr. McGee and Mr. Holton.

Tallman: You ought to talk to them. My role in it was just as I explained to you, through the Governor's cabinet and through our friendship. I'd sit with them, come to their meetings sometimes, but I have to tell you that the planning and the vision for this really was Dick McGee's and Karl Holton's and their department people.

Morris: In other words, they were thinking along the same lines in terms of their inmates that you were of your patients.

Tallman: Oh, yes. They always have been involved in doing anything they could to do a better job of rehabilitating prisoners and juvenile offenders and preventing crime. You know, Mr. McGee is head of an institute.

Morris: Yes, it's the Institute for the Study of Crime and Delinquency, in Sacramento.

One of the other problems of those years that cuts across several departments, I presume, is legislative studies of sexual offenders. Karl Bowman and you jointly did some work on this.

Tallman: I didn't do any of the individual work on research on my own at all. Karl Bowman was a professional leader in this.

Morris: This would have involved not only you but presumably Corrections, too.

Tallman: Oh, yes, it was kind of a joint project.

Morris: Who decided whether a given individual would go to a prison or to a state hospital?

Tallman: That's a kind of a complicated problem which, in my judgment, is not yet solved in California. But it is a good deal better organized than it used to be.

Morris: Who was educating who in that one? Was the legislature prodding for change or were you?

Tallman: I would say that Karl Bowman and some of our people like Mr. A.E. Nichols were very active in this. I would go to hearings and say my piece. Dick McGee and his group were doing the educating--and it was hard going because, as you know, the legislators are all laymen practically and they were frightened by and angered at and contemptuous of the whole problem.

Morris: It's a sticky topic.

Tallman: It took a lot of time. Slow progress. It's still in progress.

Morris: Were there, would you say, any changes in the types of disorders in the period represented by these changing techniques?

Tallman: No, I don't think so. You mean diagnostic categories?

Morris: Yes.

Tallman: No, I don't think so.

Morris: The same ills are still plaguing humanity?

Tallman: Yes. Take schizophrenia, for example. I just came a little while ago from--that's one reason I've been so busy--I just lately got back from Russia where we were there on a conference having to do with social psychiatry, as they see it there. They have one whole institute, a division of the Academy of Sciences in Moscow that devotes all its time to the study of schizophrenia. Well, it has been known for years and years that the schizophrenic rate in the population is about the same anyplace in the world. Roughly, (this is a very rough figure) thirty-five percent of all admissions, any place that keeps statistics, are schizophrenics.

Morris: I have a note here about advisory committees.

Governor's Advisory Committee on Mental Health

Tallman: Well, there was a Governor's Advisory Committee when I came aboard. It rarely met and didn't offer any advice, really.

Morris: Was this lay or professional?

Tallman: Well, there were some of both. I've forgotten who was on it.* So I talked to Governor Warren about this. They were all appointed by the governor. They were an advisory committee to the governor.

Morris: To the governor, rather than to you?

*A list of the members of the DMH medical advisory committee from the 1950 California Blue Book was sent to Dr. Tallman with the transcript of his interviews. Asked to comment on their contributions and whether any of them had been on the committee that interviewed him prior to his appointment as director, Dr. Tallman replied:

Stafford Warren was the only member of the interview committee who was on that Governor's Advisory Committee. You know about Harding's role in the selection process already. This committee at that time was an honorary body that did little as a group, but Harding, Dr. Arlien Johnson, Isabel Plesset, Dr. Warren and Dr. Norman Reider, the leader of the San Francisco psychiatrists, were all individually very helpful indeed.

Dr. Johnson was chairman and professor of social work at USC. Isabel Plesset is owner and director of a private psychiatric hospital and active in the private hospital organization. She was a daughter of Dr. Aaron Rosanoff who preceded Mrs. Heffner and began a vigorous program for the department including establishment of the Langley Porter Clinic. She lives in Los Angeles and could tell you about her father's life and relationship with Governor Warren.

Other members of this advisory committee were: S.G. Bloomfield; L.R. Chandler, M.D.; Helene Lipscomb; Seeley Mudd, M.D.; B.O. Ralston, M.D.; F.S. Smyth, M.D.; Dr. Charles B. Spaulding; R.J. Stull; and Sidney Zagri. Prior to 1949, the committee had consisted of only five persons.

Tallman: Right. So he suggested that he not have an advisory committee. He thought the body should be advisory to the director. I opposed that. I wasn't thinking of Governor Warren, particularly, but I was thinking of the state pattern. I said, "I don't think that is a good idea. I think what will happen is, you may get directors who appoint to their committees people who think the way they do. Soon that will result in a group, who'll be nothing but back-scratchers. I think that's a poor state policy."

Well, he finally compromised. He insisted that this committee was advisory to the governor and the director. I don't know how it's constituted now. I think he really wanted me to be in a position--he was trying, I think, to give me, in that way, status--the governor and the director. He didn't go to any meetings, of course, I represented him always. But he and I went very carefully through names. He never made an appointment that he and I didn't decide together.

Now, I used them. I made up my mind they weren't going to be just honorary posts. I used to bring problems I was having or programs I wanted to institute to them and get their advice--and sometimes very good advice. Usually they were prominent figures in some community and also some of them had some political roots. They were very useful as advocates, too.

Morris: In carrying the message further out.

Tallman: Reagan uses that system; and as you know the Short-Doyle program has all kinds of advisory committees attached to it.

Morris: Well, this seems to have become the pattern.

Tallman: That's the pattern, which I think is a good pattern. I don't have any objections to it. The trick with any advisory committee, you know, is to get some work out of it, and to make it feel that it is part of an active program and make sure it is an active part of that program. That takes effort.

Incidentally, I'm quite sure from all I hear from my colleagues involved, that the advisory

- Tallman: committees now do a much better job than I was able to get mine to do.
- Morris: You mean the local mental health advisory boards?
- Tallman: Yes. Some of them are really active!
- Morris: Well, they've just been increased by several persons under the Lanterman revisions.
- Tallman: Yes, yes.
- Morris: I think this is a kind of an interesting development, in relation to what little I understand of psychiatric techniques, that we now discuss things and talk out what the good and bad things are in a community situation.
- Tallman: That's right.
- Morris: Is this a valid parallel?
- Tallman: Oh sure, very valid.

UCLA Neuropsychiatric Institute

- Tallman: Now you've got an item in your letter that you might want to know a little about, and that is the establishment of the Neuropsychiatric Institute in the School of Medicine at UCLA.
- Morris: Could you comment on this idea of Dr. Belt's, that when you came out here you already were interested in developing a neuropsychiatric institute?
- Tallman: Yes, that's true. I had gotten the legislation, and the money set aside, in Ohio before I resigned, to start an institute like that as part of the School of Medicine of Ohio State University. I'd gone through the mill on that. And of course they already had one here. They had Langley-Porter, you know.
- Morris: Did the UCLA Institute differ at all from Langley Porter?

- Tallman: Well, that's kind of a hard question to answer because it had different leadership. You see, I insisted in Ohio and here that if you were going to have an institute that is primarily for research and training, you have to leave it alone and not dictate to it what its program is going to be. It has to develop its own program. I kept it that way. By and large, as a matter of fact, the succeeding governments and directors of mental health have done the same. They've carried out that policy.
- Morris: In other words, to let it develop without a close tie to, and supervision by, the Department of Mental Hygiene.
- Tallman: Yes. Now where I did the supervising--and of course you must remember that the NPI wasn't built when I was director.
- Morris: Yes. You left the Department of Mental Hygiene about the same time that Warren went to Washington.
- Tallman: Well, yes. You see after Stafford Warren got acquainted with me, and the medical school as you know was in process of organization, he had practically all the departments in the School of Medicine filled by a chairman of the department--but psychiatry. As you may not know, because the NPI was going to be financed by the state, the chairman of the Department of Psychiatry was a joint appointment made by the dean of the school and the director of the Department of Mental Hygiene. While I was director enabling legislation and money for architectural plans was provided. The decision to build it was made and the decision of the University to want it as an integral part of the School of Medicine was made, and the decision of the University to provide land for it was taken.
- Dean Stafford Warren saw the mission of a new institute as being primarily one of teaching and research and not a facility for public psychiatric service. This means that admission to the institute would be selected in terms of teaching and research needs. As a matter of fact the same policy was in effect at the Langley Porter Clinic in San Francisco. I heartily subscribed to this policy and supported it in every way I could.

Tallman: The reason it didn't get going promptly was because the Regents of the University listened to community howling about putting a "mental hospital" right in Westwood Village.

Morris: But they also already had Brentwood, the psychiatric division of the Veterans's Administration Hospital.

Tallman: Yes, but that isn't so close to Westwood, but I soon discovered the Westwood power structure didn't approve of Brentwood either, and they weren't going to have another institution like that one. They didn't like Brentwood because the patients frequently came to town and they thought an institution right in Westwood would cause a lot of trouble.

Anyway, when Governor Warren knew that he was going to the Supreme Court, he told all his cabinet about this before it ever became public, and told us that if we wanted to stay and work for Mr. Knight--and Knight would have us--that was our decision. But if we wanted to make other plans we ought to...

Morris: Now was the time to think about it.

Tallman: ...yes, that was the time.

Now to go back to my original story. Staff Warren who was a great recruiter, used to come in and see me about this business of getting NPI for the School of Medicine. He kept asking me to quit the job and come up with him and be chairman of the department.

Morris: In the medical school?

Tallman: Yes. Chairman of the Department of Psychiatry. He thought that would solve his problem, and mine too, in a sense, because it would have been no problem in getting me approved by the Department of Mental Hygiene. You see, as I have said, that was a joint appointment.

Morris: The NPI director?

Tallman: The chairman was also the director of the NPI. It's a double job. A two-hatted job.

Tallman: I kept saying, "No, no. I'm not going to do that!" I was content where I was. But I must say I liked teaching better than administration and so I was tempted. So when it turned out that we were going to lose Earl Warren to the Supreme Court, Dr. Warren kept calling me up and coming in and I said, "Yes, I'll go with you--but not as chairman, because," I said, "I've had enough administration. When I went in private practice in Ohio and was doing teaching as a clinical professor at Ohio State, I made up my mind that I was never going to take an administrative job. I got fascinated by this one but I'm not going to be an administrator again." But that time I'd met and knew quite a few of the administrators who were chairmen of departments in the medical school, and I could see that they were too busy administrating to do much teaching. So I didn't want that. And I'd had to deal with the Board of Regents indirectly, and I thought they were very difficult to deal with and I just didn't want to have any part of administration.

Morris: They were quite reluctant about the whole medical school, weren't they?

Tallman: Oh, yes. It was very difficult to get it established. I think Dr. Elmer Belt was the key figure in its final establishment.

Morris: What was their objection to a medical school?

Tallman: Well, I don't know anything about that. You'd have to ask Dean Warren about that.

Dr. Warren respected my decision so then we proceeded to continue our search for a chairman and we got Norman Q. Brill. Then, when it became a public matter that Earl Warren was going to the Supreme Court, I elected to take Stafford Warren up on his offer to come to the University, and I joined the faculty. A decision which I've never regretted for a minute.

Morris: So that you came down in what capacity?

Tallman: Full professor. Full professor in charge of the social and community aspects of psychiatry, which of course included the preventative and early

Tallman: treatment (outpatient) division of the department.

Morris: I see. Is this when you wrote the book that Helen MacGregor said to ask you about? The Treatment of Emotional Problems in General Practice?

Tallman: Yes. We started a program there financed by the federal government, in order to teach non-psychiatric physicians the kind of psychiatric know-how in terms of diagnosis and supportive treatment that we felt would keep many people mentally and physically healthier and might, might keep some out of a mental hospital.

Morris: So you were actually developing courses in this area? With what success, do you feel?

Tallman: Oh, we ran courses for years. We had all kinds of doctors. I couldn't tell you the total number that went through but they numbered in the hundreds. I think that the program was really quite successful. Most often we would have them oversubscribed. We would have more doctors want to take it than we had manpower to serve them. But after a while USC began a similar but more expanded program. You know, you finally arrive at a point where you've trained just about everybody who wants to be trained in your geographical area.

Morris: But then there's a new generation coming.

Tallman: Yes, and I don't know what they're doing about that over at UCLA now. I'm not involved.

Orthopsychiatry

Morris: There is another word that has come up in terms of the evolution of mental health services. This is "orthopsychiatry."

Tallman: Yes. Well, orthopsychiatry has been a joint organization between psychiatrists, social workers and psychologists--and more latterly sociologists and cultural anthropologists.

Morris: And how do they fit into the development of the concepts that you've been working out?

Tallman: I don't know exactly how to answer that. They're of course vitally interested in good patient care and they're vitally interested in preventive psychiatry. They're interested in psychiatry and education, psychiatry and the law--cultural and social anthropology and its relationship to mental health. The organization is an opportunity for people who may be in different disciplines, but who are involved in the same overall problem, to get together and exchange ideas.

Morris: So it's an outgrowth of this general interdisciplinary movement?

Tallman: Yes, indeed; it's an old organization. It started when the so-called "child guidance" movement got off the ground. That would be, what--oh, that would be fifty years ago.

Morris: This would go back to Montessori, wouldn't it?

Tallman: No, Montessori had nothing to do with it. This was the child guidance movement that was first funded as an experimental project by grants from the Commonwealth Fund. Two men, Lawson Lowry and David Levy really put together the Orthopsychiatric Association.

Morris: Is that the Dr. Lowry that's currently head of the Department of Mental Hygiene?

Tallman: No, no relation.

Veterans' Administration

Morris: One subject we haven't talked about is your consultation with the Veteran's Administration before you came to California.

Tallman: No, that's wrong. I didn't really have anything to do with the Veteran's Administration until I came to California. I was consultant to two of their institutions here, Sepulveda and Brentwood, and was

- Tallman: involved in their residency training program in both places. Resident training was a joint operation between UCLA and the Veteran's Administration. We took their residents and gave them a year over at our place.
- Morris: The patients in those institutions are California residents, are they not?
- Tallman: No, not necessarily.
- Morris: Oh, I see.
- Tallman: They try to do that, but there were patients in them that weren't California residents. Lots and lots of them.
- Morris: Well, I was wondering in terms of the total psychiatric services in the state of California, what share of them does the Veteran's Administration provide?
- Tallman: If a veteran had pension rights, and it would be established that his war experience had something to do with his mental breakdown, then he was the responsibility of the Veteran's Administration.
- Morris: And not the State Department of Mental Hygiene.
- Tallman: If he came to our hospital and his war connected mental disability was established, he was immediately transferred to the VA hospital.
- Morris: Was there any working liason, in terms of programs?
- Tallman: I think very little, very little--because they had their own set-up, their own way of dealing with their patients.
- Morris: But they do fulfill part of the need for service in the community.
- Tallman: Yes, as I said, a California resident who has pension rights is treated in a VA hospital.
- Morris: I was thinking more in terms of the recent efforts that have been made--well, Dan Blaine's Long-Range Plan to get all the services interrelated so that we get the best use of available resources.

Tallman: Well, when I was director of Mental Hygiene, I had no such overall plan. I don't know whether it was because I didn't have enough vision or whether I had so much to do with my own shop that I wasn't worrying much about the VA.

You see at that time we were very snobbish about the VA because we felt even as poorly as we were doing, we were doing a better job than they were, and they were thought of as kind of a poor cousin. They had a lot more personnel; but we felt that their program was pretty sterile. But nevertheless, I didn't feel we had anything to learn from them, which may have been a prejudiced point of view.

Morris: From the other angle that you had something to teach...

Tallman: Yes, but you can only do so much with your time.

Morris: That's true.

Tallman: You can't be God; you can't undertake a global responsibility.

Morris: Yes.

I think that covers most of the agenda, except for thanking you for a fascinating interview. We appreciate all the insights you've given us about your years in California mental health services.

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CURRICULUM VITAE

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1942-1944 Director of Mental Hygiene, State of Michigan

1944-1947 Commissioner of Mental Hygiene, State of Ohio

1947-1949 Practicing Psychiatrist

1949-1953 Director of Mental Hygiene, State of California

1953-7/69 Professor and Head, Division of Social and Community Psychiatry, Department of Psychiatry, School of Medicine, University of California at Los Angeles

1960-7/69 Professor of Public Health/Psychiatry, School of Public Health, University of California at Los Angeles

July, 1969- Present Professor of Public Health/Psychiatry, (Emeritus), School of Public Health, University of California at Los Angeles

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TEACHING ACTIVITIES:

- 1931-1932 Taught and supervised medical students in social work at Vanderbilt Clinic, Presbyterian Hospital, Columbia University
- 1934-1938 Instructor, Mental Hygiene, Rockland State Hospital, N. Y.
- 1938-1941 Assistant Psychiatrist, Vanderbilt Clinic, Columbia University
- 1945 Summer Lecturer, Purdue University, Division of Applied Psychology and Education
- 1946 Summer Lecturer, Purdue University, Division of Applied Psychology and Education
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- 1945-1947 Associate Clinical Professor of Neurology and Psychiatry, College of Medicine, Ohio State University
- 1947-1949 Clinical Professor of Neurology and Psychiatry, College of Medicine, Ohio State University
- 1953- Present Consultant, Brentwood Veterans' Administration Hospital, Brentwood, California
- 1/69-6/70 Lecturer, Administration for Mental Health Course 460, The Neuropsychiatric Institute, UCLA School of Medicine
- 1970-Pres. Consultant, Mental Health Committees, Los Angeles County Medical Association, Bay Cities Branch.

PROFESSIONAL SOCIETIES:

- Member, American Association of University Professors
- Fellow, American College of Psychiatrists
- Fellow, American Medical Association
- Life Fellow, American Psychiatric Association
- Fellow, American Association for the Advancement of Science
- Fellow, International Association of Social Psychiatry
- Fellow, National Training Laboratories for Applied Behavioral Science
- Member, Association of American Medical Colleges
- Member, California Medical Association
- Member, Los Angeles County Medical Association
- Member, National Education Association
- Life Member, Pan American Medical Association
- Member, The Royal Society of Medicine, London, England
- Member, Southern California Psychiatric Society
- Member, World Federation for Mental Health
- Member, Executive Committee, Mental Health Development Commission
- LA County Welfare Planning Council.

PROFESSIONAL ACTIVITIES:

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PUBLICATIONS:

(Sole Author - with exception of Numbers 7, 33, 49, 50 and 52)

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PRESS RELEASE -- Los Angeles -- October 24, 1949 -- 8:00 P.M.

ADDRESS BY --

FRANK F. TALLMAN, M.D., DIRECTOR OF MENTAL HYGIENE
STATE DEPARTMENT OF MENTAL HYGIENE, Sacramento, California

Prepared for delivery at a welcoming banquet honoring Dr. Tallman as the newly appointed Director of Mental Hygiene, to be held on October 24, 1949, at 6:30 P.M. at the Elks Temple, Los Angeles, under the auspices of California Citizens' Committee for Mental Hygiene, Inc., of Los Angeles, and other sponsoring groups.

It can be safely assumed that the public is well aware that mental health is the No. 1 public health problem. The spoken and printed word, radio, and the movies have combined to do a splendid job to alert our citizens. They, in turn, are calling upon us asking for practical solutions that will insure good mental health for everyone.

The problem is both enormous and complex and psychiatry cannot, unaided, ever hope to cope with it successfully. There must be teamwork, coordinated activity, by all those agencies that touch directly upon the lives of our people.

In discussing a State mental health program I should like to begin at its core--the state mental hospital, because in my judgment no mental health program will ever be successful until the hospitals are able, through the excellence of their programs to act as centers working closely with the community in providing mental health services wherever they are needed. It is a fallacy to believe that a state is on the right road because it runs a few good mental hygiene clinics, if at the same time it operates a few bad mental hospitals. Remember, it is in the mental hospital that the most seriously ill are sent for treatment and if it is inadequate the State finds itself in the embarrassing and disgraceful position of preaching one thing and being forced to practice another.

A mental hospital should be a hospital in every sense of the word, providing treatment for all the physical ills of its patients and in addition, obviously, special treatment for the sick personalities of its patients.

It is not difficult to get people to concede that a hospital ought to live up to its name in all departments, but there is more difficulty in getting acceptance of my next point, that a mental hospital is also the patient's home. Many of our patients are destined to be with us as guests for a long time. This is because we have not yet found the answer to the completely successful treatment of schizophrenia and also because of the mental disturbances that go with aging years.

What does the word "home" mean to you? Doesn't it mean a minimum of privacy, a minimum of comfort, and a minimum of cheerful physical surroundings? When you think of home, don't you think of the people there who give you love and understanding, and care? When you recall that our patients are not in their own homes with their own people, it is perfectly evident that it is our duty to provide them with a temporary home of at least minimal similarity to that which they have left. It is evident that if we must provide our patients with the therapeutic attitude that they need, we must have decent homelike quarters as a part of that therapy. Though we can all put up with physical discomfort, lack of privacy, and uncomfortable surroundings for a short time, be sure that it is not mentally healthy to have to do this day after day with no date set for completion of this stint.

But not only is a mental hospital a hospital and a home, it is also a community. It must be a healthy community. In fact if we psychiatrists were as able to practice what we preach, it ought to be a more mentally

healthy community than those that surround it. Certainly it is wasteful, unscientific, and cruel to let a mental hospital remain a community that is sub-average. The test should be--is this place in accordance with mental hygiene principles? The staff should have an opportunity to make the whole State institution system a constructive therapeutic experience from the date of admission to the date of discharge, and believe me this is not possible unless we all realize that in them we must have a balanced program which is well integrated and which within its own walls takes into consideration the hospital, the home, and the community.

I could go on and give you a detailed program of hospital function, but I think you now know what I mean and time does not permit.

I would like to point out to you that there are two basic tragedies in the lives of the mentally ill and the maladjusted. The first is fear; the second is the awful tragedy of feeling the loneliness that comes from an emotional inability to make contact with the group. Perhaps now you will clearly see why all the agencies within the State hospital must be geared to eradicating these tragic feelings and since we are dealing with the misery of a human being it is only right that we be permitted to use all the tools at our command, and at the earliest possible moment. Patients in mental hospitals are individuals just as are we. They are entitled to the same inalienable rights which above all include dignity of person and the right to be human. In fact they have a right to be ill and society does not yet fully grant them that.

In the mental hospital program then, perhaps the most important ingredient is the right staff attitude. There must be understanding, and helpful sympathy from the superintendent down.

I would like now to step outside the gates of the institution and remind you that when patients come to us they have already been disturbed in their ability to get along in their family and in the community. This means, of course, that before a patient goes home there needs to be much preparation of the family and the community, and a great deal of help accorded to the patient as he strives not only to complete his convalescence, but to make a new adjustment and a new life. Thus social service is of very great importance. It is, in fact, the link between the hospital and the community. It is their responsibility to help the patient get home and to bend every effort to see that he stays at home and at work. He needs a great deal of careful attention because, as we all know, it is easier to go backward than forward and when one has become imprisoned in his own loneliness, it is with faltering steps that he leaves it.

We hear much these days about mental hygiene clinics. Their first function is to treat children and adults who without their therapy might become more seriously ill. In other words they are the therapeutic arm of the hospital and the community, and the more of them there are and the better work they do, the more people, little and big, who will lead happier lives. Certainly too, enough mental hygiene clinics properly staffed will in time lower the case load of our hospitals.

In my judgment there have been so few of these agencies that it will be many years before it can be proven that a proper clinic service will reduce the need for inpatient care. The long waiting lists of any active clinic bear witness to this.

A word of caution here too is necessary. Outpatient clinics are not for the sole purpose of picking out individuals who might without their help some day need hospitalization. They have a perhaps more important

duty to perform; that is, to work with individuals who may never be hospitalized, but who are nevertheless only half alive and only functioning with part of their personality potentials. I sometimes think there is too much emphasis on what might be called the protective functions of a clinic. By that I mean protecting the hospital system from admissions. Surely that is a negative philosophy. A mental hygiene program implies more than that. It implies improving the mental health of all our citizens, particularly our child citizens, not merely trying to fend off a few patients from an institution.

This leads me to a brief discussion of the concept of prevention. That is a big word that covers a body of knowledge that we have and a much larger body of knowledge that we wish we had. I am not using the word "prevention" in the sense of early treatment; that is, preventing a condition from getting worse; I mean genuine prevention. And this brings our hospital clinic system right into the community and in cooperative endeavor with many other like-minded agencies. Basically it means, I think, lending our assistance where we can to the building of better family lives in our State.

The foundations of a good personality are laid in the family. There is no good substitute. If the family foundation is bad, someone has to help in the rebuilding at great cost of misery, time and money.

When one thinks about the family one immediately has before them the word "school". Schools have for a long time recognized their responsibility in the personality development of the children entrusted to them. It has always been my experience that school systems on any level have sought more help from the psychiatric physician and the mental hygienist than has been forthcoming. Perhaps this is because there are relatively so

few skilled in the science of psychiatry. No doubt this is a factor, but I believe another factor and a very important one is that people who are put into the category of mental hygienists often cannot talk the school man's language and do not know enough about either his problem or his methods. Therefore I believe it is the responsibility of the State mental health program to work closely with school people everywhere-- not do their job for them, but to work with them in the doing of the job.

Perhaps this will mean curriculum changes. Perhaps this will mean different teaching methods. It may mean a more careful selection of teachers, but whatever it means, the State mental health program ought to include close cooperation with educators.

Let me give you an example. If we are to have children with sound personalities our parents-to-be will need to know much more about human relationships than our parents did. The implication of this is clear. The curriculum of any school system should include from the kindergarten to the graduating class planned opportunity for children to learn how to get on with each other, how to understand each other's attitudes, and how to tolerate differences.

In the final years of high school there ought to be courses that are designed to teach the students what we know about marital and parental adjustments and responsibilities. In other words, we ought to help these young people so that they will know how to be happy though married.

There is a way, you know, in dealing with hostilities, in dealing with jealousies, in dealing with aggressions. We cannot hope, and it would really be an awful mistake to make our young people all psychiatrists, but we can make them aware of what will be expected of them in their sharing of themselves, not only with their partner, but with their children.



In thinking these areas over, do not forget the disciplines of religion and the law. It is common psychiatric experience that often maladjustments come to the attention of the clergyman and the lawyer before they reach the doctor. Let me name a few other areas: The areas of correction, of welfare, of the employee-employer relationship, all human problems to which the principles of mental hygiene apply and all areas that the State mental health program not only needs to recognize, but to do their cooperative share about.

Up to now I have been indicating that a State mental health program should have as its philosophy the tenants of good mental hygiene. I have said that it should provide certain very necessary services for its citizens, including hospitals of various types, and clinics, and I have made it rather obvious that in my judgment nothing but the best of a total therapeutic program is good enough. I should say at this point that just as I believe the program must be balanced, so I believe that there ought to be balance in the location of services and facilities,

For example--there are some problems that are solved better away from urban areas. There are many others that need to be close to urban areas and in urban areas in order to provide adequate professional service. In fact, the trend of psychiatry is definitely in the direction of treating the acute mentally ill in all-purpose general hospitals. I know that this superior method will not grow rapidly, but that is the direction of things to come. We cannot stand in the middle of the road and wait many years for the completion of this trend and it will therefore be necessary for us to provide special hospitals in urban areas to take care of those acutely ill. Such an institution will need to be relatively large in areas of high population and density, but they must be kept to a manageable size.



I should like to point out, however, that because of the problem of the aging and because of the fact that we do not yet know how to cure all our patients, and because also of the fact that unhappily we get many patients who are beyond curing before they come to us, that in the balanced program we still need institutions that are better placed in the communities not densely populated. There are those I know who think of multi-storied buildings in which for economy's sake there would be story after story of old people well looked after, no doubt, but perhaps dying a little more rapidly for want of their feet on the good earth and their heads in the free sun. If cities were constructed intelligently, these large institutions for the chronically ill could well be part of a city, but cities being what they are, those destined to continued hospital life had better be put where they can really live.

Well, what else do we need in our program? Of course it is trained people. So a State mental health program has to be heavily weighted in the direction of a continuous all-purpose training program working closely with colleges and universities. True, no state has enough beds, and true also, no state will ever have enough beds unless the quality of therapeutic care can be markedly increased.

It probably hasn't occurred to you, but a patient entering a crowded understaffed mental hospital is on a sure road to oblivion. It is true the patient is out of the community's sight and it is unhappily true that too often the patient is out of the community's mind, but don't forget that the patient is human and alive. Unless he is adequately treated he will slowly disintegrate into what amounts to a living nothingness only to become a permanent resident who, when multiplied by thousands, will require millions of dollars for buildings.



So I again emphasize the importance of a varied and concentrated teaching program from doctors to attendants; for example, residencies in psychiatry, internship in social work and psychology, affiliation in nursing, internship in occupational therapy and recreational therapy, training for young clergymen and some day, I hope, short internships for lawyers-to-be and policemen-to-be.

The patients in the institutions themselves ought to be in educational programs whenever their mental condition permits. Be sure that hours of idleness are deadening. Our hospitals everywhere in this country have too many of them. Sometimes for lack of anything to do patients are put to bed far too early. I am happy to learn that in some of our hospitals the Bureau of Adult Education has been helping to remedy this situation. I look forward to the time when each hospital will contain within its doors an educational program for patients of equal importance to our other therapeutic departments.

I should like to call to your attention the fact that a hospital or a clinic offering a professional educational program has to have enough staff to do just that. Unhappily one too often runs into a situation where it is expected that a doctor or social worker can teach students and do his other work at the same time. Another fallacy that is too prevalent is a notion that student help is cheap help. Believe me that is wrong. Student help, while they are students, is no help at all. In fact it takes time from the regular staff and the regular staff therefore has to be increased. A training program pays for itself by providing skilled workers. It is an expense during the growth of this skill. After all, a well digger doesn't expect to strike water an inch below the ground. He knows he is going to have to dig out a good deal of earth before he strikes water, and so it is with a training program. A lot has to be put into it in order to get the golden harvest that surely comes. It is therefore my



hope that this State will continue to see the importance of a markedly expanding training program and will also be wise enough to make it profitable for the graduates of this program to become permanent staff members. If they are well trained and there are fair inducements at all comparative with those in private life, we will get our full share of new well-trained people. If we train them poorly and offer them little, we will get what we deserve--nothing.

Yes, we need good institutions, good mental health facilities, active training programs, and now one last thing--last but perhaps most important--research. We don't begin to know enough about the problems of the mentally ill and maladjusted. We will only gain new knowledge by research and by constantly trying out new methods and new approaches. I believe the State, if it is cautious and business-minded, ought to put a reasonable amount of money into research in this field. We are spending many millions in operation money and in capital expenditure every year. Wouldn't it be just good business to spend a small percentage of that in trying to stem the tide which up to now has never yet been stemmed? I believe that if we could use the knowledge that we have in sufficient amount and if we could invest in research in a reasonable amount, the two together would begin to do the job.

I should like to summarize by saying that a good mental health program is a balanced program. It is a cooperative program, particularly with those other agencies, public and private, that are dealing intimately with human beings. It is a progressive program that adopts new methods and new concepts quickly.

The program must take into consideration the fact that too many people everywhere still think of the mentally ill as a group whose only

needs are to be properly housed and fed. Too many people still have a lingering need to feel punitively about our patients.

A good program then means what we must always have before us, the concept that we would like to take care of our patients and our citizens just as we would like to be looked after if the roles were reversed. Yes, a practical program needs balance, it needs vision, it needs courage, and it needs eternal vigilance on the part of interested people everywhere.

In your thinking about your State mental health program you will of course be concerned about cost. I should like to say that worrying about the cost isn't helpful. It doesn't do anything to stop the cost. Worrying about the best way to do the job will get it done and will prove that the best methods are in the end the cheapest.

One final word--our philosophy and yours must include the concept that a human being is valuable beyond price.



To - Helen Mc Keegan
Ed Nichols

Legal Rights of the Mentally Ill

FRANK F. TALLMAN, M.D., and A. EDWARD NICHOLS, LL.B.

Sacramento, California

THERE ARE TWO ASPECTS of the problem of the legal rights of the mentally ill; one is the machinery for their hospitalization, and the other is concerned with the protection of their civil and property rights. We will first define what is meant by mental illness and then consider the methods provided by law for the admission of the mentally ill person into a State hospital.

Although we could devote hours to a worthwhile discussion of the meaning of the term "mentally ill," let us accept for the present a satisfactory definition of this term as set forth in the California law: "'Mentally ill persons' means persons who come within either or both of the following descriptions: (a) Who are of such mental condition that they are in need of supervision, treatment, care, or restraint. (b) Who are of such mental condition that they are dangerous to themselves or to the person or property of others, and are in need of supervision, treatment, care, or restraint."¹

Our concern at the outset is with California's civil laws and procedures governing the placement or admission of mentally ill persons in a State hospital. There are three general methods:

1) The court commitment procedure, which still retains essentially the same features enacted in 1872, including apprehension on a warrant² and transportation by a peace officer;³

2) The voluntary admission method which has been in effect since 1911 and is used altogether too little;⁴

3) The Health Officer Application method which was enacted in 1947 and is also utilized very little.⁵

California does not have any provision in its laws for the temporary placement by court, nor for the emergency admission of mentally ill persons into a State hospital except for the very limited proviso by which the superintendent is permitted to admit a person for not more than forty-eight hours when a court order of detention cannot be obtained during a week end or holiday.⁶

Court Commitment

More than ninety per cent of the mentally ill patients admitted into the State hospitals are committed by the courts. The procedure initially involves the presentation of a sworn petition by a

relative or friend to the particular county official who is designated in each county to review such petitions, and to whom the relative or friend must apply for permission to file the petition. The practice varies from county to county. In some counties it is a deputy sheriff or a deputy county clerk who determines whether the petition will be accepted; in others, a deputy district attorney or a clerk in the district attorney's office performs this function. In Los Angeles and San Diego counties, either a court commissioner or a counselor in mental health⁷ interviews the proposed petitioner and determines whether the petition will be accepted.

In almost all situations there is no medical certificate or medical corroboration presented or required before the petition is filed with the court and an order is issued for the apprehension and detention of the alleged mentally ill person. A peace officer proceeds at once, armed with the order for detention, to the place of residence of the person and takes him into custody (usually forcibly) and places him in the county hospital in the ward for psychiatric cases, to await the court hearing.⁸ Thus we have the person's liberty deprived upon the theory that it is for his best interest and protection because he is alleged to be mentally ill.⁹

What medical proof is submitted to establish by competent authority that the person's mental condition is such that he needs supervision, treatment, or care to such an extent that the person should be surreptitiously and decisively deprived of his liberty and placed in immediate restraint?¹⁰

The California law has its safeguards, but they attach only after the initial apprehension of the alleged mentally ill person and after he has been held in the county psychiatric hospital for five or seven days. The law provides that no order for commitment shall issue unless two medical examiners have made an examination of the person, have filed a report with the judge, and have recommended that the person requires care and treatment in a mental hospital.¹¹ The law further provides that a court hearing is to be held, at which time the person may present witnesses on his behalf and, and if he so requests, may be represented by an attorney appointed by the court.¹²

But these safeguards are concerned with the action of the court at the time of the hearing to determine whether the person is to be committed, to assure the person of having his day in court. There is an open court hearing, the person is informed of his constitutional rights, the witnesses parade before him and testify "against" him, the medical examiners, who had made their examina-

Dr. Tallman is Director of Mental Hygiene for the State of California, and Mr. Nichols is administrative adviser for the Department of Mental Hygiene. Dr. Tallman's paper was prepared for the Postgraduate Assembly of the College of Medical Evangelists in Los Angeles last year and was read March 13, 1950, by Mr. Nichols for Dr. Tallman. — Ed.



tion of the person while he was in the county psychiatric hospital, make their report in writing and verbally in the presence of the person, and finally the court makes his decision. In California the court hearings are usually held in the county hospital in a separate room, or occasionally at the bedside of the person. This is a commendable practice; the court hearings concerning mentally ill persons should not be held in a formal courtroom.

Upon the completion of the court hearing, the court may either dismiss the case or find the person to be mentally ill and order him:¹³

1) cared for and detained in a licensed sanitarium until the further order of the court, or

2) cared for at his home or other suitable place under adequate supervision until the further order of the court, or

3) committed to the Department of Mental Hygiene for placement in a State hospital designated by the court, or

4) committed to a facility of the Veterans Administration or other agency of the United States designated by the court.

Jury Trial

It will be noticed that at no time during the proceedings described has there been any mention of a trial by jury. The California law does not permit a jury trial in the inception of the proceedings but does permit a jury trial as a review of the court's action. Within five days after the order of commitment is made, either the person or any friend on his behalf can demand that the question of his mental illness be tried by a jury.¹⁴ It requires three-fourths of the jury to reach a verdict in such matters. If no demand is made within the stated five days, the right to a jury trial is lost. The person may be kept either in the county hospital or in the institution of commitment pending the jury trial. The jury is called upon to decide one question — "Is the person mentally ill?" If he is found not mentally ill, he is dismissed; and if he is found to be mentally ill, the court issues a new order of commitment.

Writ of Habeas Corpus

After the mentally ill person is admitted into a State hospital under an order of commitment, civilly as outlined above, and after his time to demand a jury trial has elapsed, the court of commitment has no further jurisdiction over the person. The superintendent of the State hospital¹⁵ and the Department of Mental Hygiene have exclusive authority to discharge, detain, or release the patient on leave of absence.¹⁶ The only recourse to the courts available thereafter for the person is by a writ of habeas corpus which can be filed in either the court of commitment or the court of the county in which the hospital is located.¹⁷ This

right of a writ of habeas corpus is available to any person who claims that he is being deprived of his liberty unlawfully. In mental hospital cases, the writ can be used to test the legality of the original commitment, or to test the person's detention and to establish his right to be released from the hospital by reason of his present mental condition.

Voluntary Admission

Let us look at the second method, the voluntary admission procedure. This method is simple, and it is preferable because any person can present himself directly to the State hospital and request admission. If the superintendent is of the opinion that the person is suitable for care and treatment of his mental condition and is sufficiently competent to make the written application, he may admit the person as a voluntary patient. The person must be released within seven days after he demands it.¹⁸ He can be discharged or placed on leave of absence in the same manner as committed patients.

Health Officer Application

The third method by means of the health officer application is also preferred. It requires the certificates of two physicians who have examined the person and who certify that, in their opinion, he is mentally ill. The certificates are presented by a relative or friend to the city or county health officer of the community in which the person is living, together with such pertinent facts as the health officer may require.¹⁹ If he is satisfied that State hospital care will be for the best interest of the person, the health officer completes the application form and arranges for the person to be taken directly to a State hospital. Transportation of the patient can be by either the relatives or a public officer, as determined by the health officer. The superintendent of the State hospital is authorized to admit mentally ill persons under this method and to treat and care for them in the same manner as the other hospital patients.

Safeguards in the law consist of definite provisions that this method is not to be used if the person, or anyone on his behalf, protests against his being placed in a State hospital; that at any time after the person has been admitted under this method²⁰ the person, or anyone on his behalf, can demand his release or demand that he have a court hearing to determine whether he is mentally ill. The court hearing is required to be held in the county from which the patient came and the same procedure for the court hearing is prescribed as in a court commitment proceeding.²¹

It would seem that the legal rights of the person are better protected under this provision for a court hearing at any time after admission under the health officer application than under the provision for a court hearing in the court commitment proceedings. In the latter situation, the patient is



usually too confused or delusional to comprehend the nature of the proceedings of the court or of his surroundings; and by the time his confused state has cleared up, his right to demand a review by jury trial (which must be made in five days) has lapsed. But in the health officer application method, the patient is accorded medical care and treatment first, and then, after his psychotic episode has subsided or ended, he can demand and have a court hearing (if not released) at any time whenever he wishes, whether it is five days, five months, or five years later.

Power to Release

After the person is in the State hospital under any of the three methods, there are no restrictions upon the superintendent's powers, other than those noted above, to retain the patient for as long a period as is necessary, to discharge him, or to place him on leave of absence subject to the right of canceling the leave and returning him to the hospital.²² The California courts have ruled repeatedly that after a person has been committed civilly as mentally ill, no court in this State is authorized to order his release or discharge from the State hospital except upon a writ of habeas corpus. "The power to discharge him otherwise than upon habeas corpus is vested exclusively in the officers of the (institution) asylum."²³ This is another progressive feature of the California laws concerning mentally ill persons, in contrast to the laws of many other states; for example, in Ohio the probate court has the power to inquire into and require the release of a patient at any time after it has committed him to a State hospital. The tendency on the part of the courts to rely upon the opinion of qualified physicians and psychiatrists in committing a person has likewise extended to the question of his discharge or release being determined by the medical staff of the institution.²⁴

Incompetency — Guardianship

We have considered the legal rights concerning the personal liberty of the mentally ill person. Now let us look at his other legal rights, his property rights, primarily.²⁵ In this respect, California is again among the leaders of the states, for its laws and courts rule that a commitment to a State hospital of a person as mentally ill (or insane) does not take from that person the control of his property. In other words, a commitment to a State hospital by the court is merely a finding by the court that the person needs care and treatment — nothing else. It is not an adjudication of the incompetency of the person.²⁶ Separate and distinct court proceedings have to be taken to have a guardian appointed before the person is adjudged incompetent to handle his own property. Only after the appointment of a guardian is the

person legally under a disability to enter into contracts.²⁷

This means that, after a person has been committed to a State hospital by the court as mentally ill, he may still enter into valid contracts, if a guardian has not been appointed for him, and if his mental condition is such that he is capable of understanding and knowing the nature of the business transactions involved. The California courts have ruled to this effect, stating "that a person may be insane in the general acceptance of the term, yet his insanity may be of such a character as not to deprive him entirely of the power of knowing and understanding the nature of ordinary business transactions."²⁸

Of course, the person's mental illness and his being a patient in a mental hospital are important factors to be considered when the person's mental competency is in question. The medical staff of the State hospital is frequently called upon to determine in an individual patient's case, and at the varying stages of the patient's illness, whether the patient should be permitted to draw and endorse checks, sign agreements, or conduct ordinary business transactions. The test as stated above is applied by the medical staff, and every effort should be made by the hospital authorities to avoid whenever possible the legal complications resulting from guardianship proceedings, particularly where early recovery from the mental episode is indicated in the patient's prognosis.

In California, approximately one out of seven patients in the State hospitals has a court-appointed guardian.²⁹ This is in contrast to other states where every commitment of a mentally ill person is also an adjudication of his incompetency. In such states, no matter how slight the mental disorder, nor how brief its duration, the person must obtain a court order removing his legal disability after his discharge as a patient from a mental hospital. How much better is it for the person, when he is discharged by the hospital staff as recovered, to know that there are no further obstacles in his path toward resuming his activities where he left off? In California, a discharge as recovered from a State hospital is equivalent to a court order of restoration to capacity in a guardianship.³⁰

Upon the premise previously stated (notes 26-29), the courts of California have ruled that a patient in a State hospital is capable of making a valid will if he has "testamentary capacity."³¹ Likewise a patient on leave of absence can enter into a valid marriage if his mental condition at the time was such that he was capable of understanding the nature of the obligations involved upon entering into the marriage relationship. If a patient is a party in a lawsuit, similar tests are applied as in determining his capacity to enter into contracts; and if he cannot protect his rights



properly by ordinary collaboration with his attorney, then the court will appoint a guardian ad litem for him in the particular lawsuit. The powers of the guardian ad litem are limited to the proper exercise of discretion in protecting the person's rights insofar as the lawsuit is concerned and no further. His actions are subject to scrutiny and approval by the court, as in the case of a general guardian, all for the purpose of protecting the interests of one who cannot do so for himself.³²

Conclusion

Our considerations are of the civil side of the law; we have not undertaken to discuss the rights of the mentally ill when charged with a public offense, nor their responsibility to the law for wrongs or crimes committed.

In conclusion, it is evident that the legal rights of the mentally ill in California are adequately protected in most respects. However, it would seem that since mental illness is a medical problem per se, the machinery for hospitalization should be geared to afford medical treatment at the earliest possible moment and with a minimum of legal procedure. The Health Officer Certification Law, enacted in 1947, was a step in the right direction, but requires several changes to strengthen it.

The court commitment procedures in California should be revised and modernized in keeping with the concept of the medical viewpoint. The legal rights of a person alleged to be mentally ill are better protected if a medical certificate or medical corroboration were required at the time of presenting a petition to have the person apprehended. This has been discussed above, but brief repetition is justified. Similarly, changes should be made in the initial apprehension procedures; the counties should make provisions for hospital orderlies or attendants in a county hospital ambulance to call for the alleged mentally ill person. If it is necessary, a police officer can accompany the ambulance. At the time of the court hearing, it would be of material benefit to the person alleged to be mentally ill, and to his relatives, if the witnesses were not compelled to testify in his presence. A method can be devised in such matters whereby the legal rights of the person are safeguarded by having the deposition of the witnesses taken separately and presented to him to read if he desires (or can) at the time of the court hearing. This would avoid the antagonisms and strained relations that so often arise between the patient and his family from the prevailing practice of having them testify "against him" in his presence.

Another change could be made in the commitment transportation procedure. When an order of commitment is issued, the sheriff of the county is required to deliver the person, together with copies

of the court documents, to the hospital designated. This practice has been in effect in California since at least 1872 and has usually resulted in the feeling by the committed person that he was indicted for a felony. It is time for this enlightened State to throw off the shackles of the past and to join with the sixteen or more progressive states where provision is made for attendants from the state hospitals to transport the patients.

The National Institute of Mental Health is preparing a model act governing the hospitalization of the mentally ill. It embodies provisions for several nonjudicial procedures to afford a more complete medical handling of mental illness. California would do well to adopt at least two of these provisions, namely, temporary admission to a State hospital for a limited number of days in emergency cases, and admission for a limited number of weeks for mental disorders that may respond to short-term therapy. The admission could be on the certificate of one qualified physician in emergencies, and of two qualified physicians in the other case, with provisions for the release of the patient within a definitely prescribed time.

References

- 1) Section 5040, Welfare and Institutions Code as amended in 1947. The amendment also eliminated the term "insane" from all *civil* proceedings for hospitalization, relegating the use of the term "insanity" to criminal proceedings.
- 2) Section 5050.1, W. & I. Code; see section 5401, "warrant of apprehension" for persons "charged" as inebriates.
- 3) Section 5103, W. & I. Code.
- 4) Section 6602, W. & I. Code.
- 5) Sections 6610 et seq., W. & I. Code.
- 6) Section 5050.3, W. & I. Code.
- 7) Section 5025, W. & I. Code.
- 8) It is noteworthy that, although the law requires a copy of the petition and order for detention to be delivered to the person and to designated relatives at least one day before the time of apprehension, nevertheless the law states in the next breath that where it is affirmatively shown in the petition "that the mentally ill person requires emergency apprehension for his own protection, or the protection of the person or property of others, the judge . . . may issue an order for the immediate apprehension and detention of the person." (Section 5050.2, W. & I. Code.) The almost universal practice is to embody this "affirmative" showing in the printed form of petition, thus causing every case to be apprehended by the peace officer without prior notice.
- 9) See heading of form of petitions as prescribed in Section 5049 and in succeeding sections.
- 10) Let us consider who makes the decision to place the person in this immediate restraint. The order for detention is issued by the court; but experience tells us that the judge invariably does not see either the alleged mentally ill person or the petitioner until the court hearing, some five or seven days later. The judge usually issues the order for detention on the strength of the petition filed with him, and in reliance upon the discretion of the particular county *attache* designated. (It is the general practice in the larger Eastern states to require a certificate signed by one or more reputable physicians to accompany the petition. See Overholser and



Weihofen, Commitment of the Mentally Ill, *American Journal of Psychiatry*, May, 1946, p. 760.)

- 11) Sections 5050.8, 5055, and 5100, W. & I. Code.
- 12) Sections 5053 and 5054, W. & I. Code.
- 13) See form of order of Commitment, Section 5100, W. & I. Code.
- 14) Sections 5125 et seq., W. & I. Code.
- 15) Section 6728, W. & I. Code.
- 16) Court cases—*Kellogg v. Cochran* (1890) 87 Cal. 192; *Application of Jackson Ex Parte Zanetti* (1949) 34 Cal. (2) 136; 208 P(2) 657.
- 17) Section 6620, W. & I. Code; Section 1473, Penal Code.
- 18) Section 6602, W. & I. Code.
- 19) Sections 6610 et seq., W. & I. Code.
- 20) Sections 6610.1 and 6610.3, W. & I. Code.
- 21) Section 6611.4, W. & I. Code. The Department of Mental Hygiene is required to furnish the forms for the demand.
- 22) Section 6726, W. & I. Code.
- 23) Quoted from *Kellogg v. Cochran*, supra note 16, quoted in *Application of Jackson*, supra note 16.
- 24) Cf. 28 *American Jurisprudence* 679-680.
- 25) Prior to 150 years ago (up to the year 1808), the public concern over an "insane" person was invoked only insofar as he had property to be controlled for him. Cf. Albert Deutsch, *The Mentally Ill in America*.
- 26) Section 40, Civil Code of California, provides that after there is a judicial determination of incapacity, a person of unsound mind cannot convey property nor enter into a contract until his restoration to capacity. The courts have ruled that a judicial determination of incapacity takes place only when the court appoints a guardian and not by a court commitment under the W. & I. Code.
- 27) A guardian is appointed by the probate court for an incompetent person, who is defined in Section

1460, Probate Code, to be "any person, whether insane or not, who by reason of old age, disease, weakness of mind, or other cause, is unable, unassisted, properly to manage and take care of himself or his property, and by reason thereof is likely to be deceived or imposed upon by artful or designing persons."

28) *Fetterly v. Randall* 92 Cal. App. 44 (1928). The court stated further "that such form of insanity, or rather unsoundness of mind, will not render a person legally incapable of entering into a valid contract." See also *Carroll v. Carroll* 16 Cal. (2) 761, 767 (1940); California Attorney General Opinion No. 9997 (1935); *Estate of Carniglia* 139 Cal. App. 629 (1934); *Hellman Bank v. Alden* 206 Cal. 592, 604-5 (1929); see 7 A.L.R. 573 and 68 A.L.R. 1309 for cases in other states to same effect.

29) "After all, many people are confined to general hospitals with fevers and illnesses which render them equally incapable of taking care of their responsibilities for long periods without anyone's ever suggesting that a guardian be appointed for them." Overholser and Weihofen, supra, p. 524.

30) Section 6729, W. & I. Code.

31) "When he understands his relation to the persons having claims on his bounty and those whose interests are affected by the will provisions." *Estate of Powers*, 81 A.C.A. 556 (1947); *Estate of Rock* 79 A.C.A. 31 (1947); *Estate of Worrell* 53 C.A. (2) 243 (1942).

32) Section 372 Code of Civil Procedure; the Department of Mental Hygiene undertakes to protect the interests of a patient who requires either a general guardian for his property or a guardian ad litem in a specific lawsuit when no relative or friend is able or willing to do so, by applying to the appropriate court for the appointment of itself as general guardian or of an officer of the department as guardian ad litem. See Section 6660, W. & I. Code.

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MENTAL HEALTH

California has been one of the nation's leaders in the reform of conditions and methods in mental hospitals and in the change-over in concept and attitude toward mental illness. California's transition from the "asylum age" to the age of the modern psychiatric hospital is based on a program of three major points: (a) Construction of enough modern hospital space to reduce overcrowding, replace outdated firetrap buildings, and provide for increasing numbers of mentally ill and mentally deficient; (b) Creation of a modern program of active diagnosis and medical treatment to replace the old concept of mere custodial care which doomed thousands to spend needless years in a mental hospital; (c) Inauguration of a program to prevent mental illness and promote mental health through early treatment, research and public education.

Major developments in California's mental health program during the Warren administration include the following:

1. Since 1945, California has raised the chances of recovery from a mental illness in the State hospitals by 21 percent; cut the average length of stay for those who do recover by 32 percent (to 4.5 months); and reduced the death rate by 33 percent. In 1945, for every 100 patients who came into mental hospitals, 63 were released.

Today the figure is 76, although the chances for recovery still depend primarily on the type of illness.

2. A 16,000-bed hospital construction program has been developed for which \$108,000,000 has been appropriated. Seven thousand of these beds are already in use. Included in the 16,000-bed program are a maximum security hospital and a new hospital for the mentally retarded. Both institutions are now under construction. In addition to the 16,000-bed program, the State added 5,000 beds to its hospital facilities by acquiring two hospitals declared surplus by the Army. The population in mental hospitals of the State in 1943 was 30,000. Today it is approximately 40,000. Two additional hospitals are contemplated for the future. New facilities and improved treatments are expected to retard the rate of increase from now on.

3. To improve the treatment and care provided patients, the ratio of patients to employees has been reduced from ten-to-one to five-to-one. California has recognized that a mental treatment program depends basically upon the efficiency and attitude of those who work directly with the patient. The State program has provided a 300 hour course of training for the hospital attendant in the understanding of mental illness and treatment technique. In-service training is also provided for all other types of personnel for the purpose of keeping abreast of new treatments and methods.

4. Admission to mental hospitals in California is now becoming a medical rather than a legal matter and without any loss of protection of the individual's rights under due



process of law. Patients may now be admitted (1) by Superior Court action, (2) voluntarily, (3) by certification of a health officer and two doctors, and (4) on an emergency basis.

5. California's mental health program has been made available to people through clinics as well as hospitals. Seven community mental hygiene clinics offering preventive treatment to out-patients suffering from emotional disorders are now in operation. Clinic personnel also act as mental health consultants to the community. An education program is also carried on to increase understanding and awareness of mental health and mental illness.

6. California is beginning to make a sharp distinction between the care and treatment required for senile patients and those in actual need of psychiatric treatment. The State Legislature has been asked to study the possibilities of developing a program which will prevent the assignment of seniles to State hospitals and provide for their adequate care in their home communities.

7. An advanced treatment, training, and research center operated in conjunction with the University of California in San Francisco has been developed into a world-renowned institution for psychiatric study. Another such center is being planned in connection with the new medical college in Los Angeles. A study of all phases and possible cures of sexual psychopaths is under way. Research studies into the problems of aging and the most effective treatment for the chronic mental patient have been undertaken at two of the hospitals. Plans are under way for extensive study



of the psychiatric aspects of alcoholism.

8. California has helped to meet the critical shortage of professional personnel in the mental health field by providing advanced training for doctors, social workers, psychologists, sociologists, and therapists at the research center in San Francisco and on a resident basis in the hospitals themselves. Graduate students in psychology, social work, and rehabilitation therapy are offered internship training in the mental hospitals.

9. Construction of special hospital buildings, and careful X-ray surveys and segregation, have cut the incidence of tuberculosis in the hospitals from .47 percent in 1947 to .16 percent in 1950.

10. New laws have been passed and special units have been set up for the psychiatric observation and study of juveniles whose behavior problems are suspected to have a basis of mental illness. The reports of the hospital personnel are used by the juvenile courts in determining the best course of action for the child.

11. A family care program for the placement of improved patients in licensed homes has been developed to bridge the gap between hospital and community living during the convalescence of the patient and provide a more gradual change from the atmosphere of the hospital.

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Portia Bell Hume, M.D.

MOTHER OF COMMUNITY MENTAL HEALTH SERVICES

An Interview Conducted by
Gabrielle Morris



Portia Bell Hume, M.D.

Photograph courtesy of Berkeley Gazette

Mental health pioneer Dr. Portia Hume dies

By David Alcott
The Tribune

ST. HELENA — Berkeley's nationally known pioneer in community mental health programs, Dr. Portia Bell Hume, died here Saturday. She was 85.

Thirty years ago, psychiatrist Hume raised alarms on the lecture circuit that mental illness was the nation's number one health problem.

At the time, she was the state mental hygiene department's director of a growing network of community psychiatric clinics.

Today, those who knew her said she was "the mother of the community mental health movement." They said she sponsored and shepherded the 1957 California Mental Services Act, the Short-Doyle Act, which funded community clinics.

"Any psychiatric patient in the state owes a great debt to her for pushing the development of community mental health. She was one of the architects," said Don Z. Miller, one of her former colleagues.

She worked for the state mental health department from 1951 to 1973, but she also had careers at the Langley Porter Psychiatric Institute of the University of California Medical School in San Francisco and at Herrick Hospital in Berkeley, where she was an active staff member from 1963 to 1978. She retired then and moved to St. Helena.

She had lived in Berkeley since the 1920s at the noted "Cloisters" residence at 2900 Buena Vista Ave., a 14-room mansion that she and her husband, the late Samuel J. Hume, designed as a copy of a 13th century Augustinian monastery.

Her husband, who died in 1962, was a longtime purveyor of rare books in Berkeley after he resigned from the University of California faculty in 1924 during a controversy that the national press called "the battle between modern art and staid science." He had been the director of the Greek Theater before flying off to Paris to study drama.

The couple met and married in Paris, where they were prominent intellectuals during the days of F. Scott Fitzgerald. At the time, she was a noted sculptor who studied under Antoine Bourdelle.

The Humes returned to Berkeley in 1927, built their

"Gothic fairytale" home and she enrolled in medical school, receiving her M.D. in 1938. She was immediately appointed to the faculty of the medical school and soon established the first out-patient clinic at Langley Porter and the first psychiatric services for the UC Student Health Service.

Hume, a native of Napa, was a prodigy who graduated from UC-Berkeley in 1921 at age 20 and was immediately appointed to the philosophy department faculty before she opted to go to Paris to become a sculptor.



Dr. Portia Bell Hume
Prodigy from Napa

During her state service, she was known for organizing the Berkeley mental hygiene clinic in 1948 and for founding the Center for Training in Community Psychiatry in 1967, a move that was called "a revolution in psychiatry."

The Alameda-Contra Costa Medical Association gave her the \$10,000 Dr. Elliot Royer Award for her contributions to psychiatry in 1969.

The only child of the late Congressman Theodore A. Bell and Anne Muller Bell, her survivors include cousins Linda Shaw of Pleasant Hill; former state Sen. Stephen P. Teal, Byron Teal and Theodore Bell of Walnut Creek; Charles Bell of San Francisco; and Catherine W. Lerner, L'Vere Sereni and Betty Waitley, all of Calistoga.

Memorial services are pending at St. Helena Catholic Church. Interment at the St. Helena Cemetery will be private. Contributions may be made to the Bancroft Library, UC-Berkeley, or to a memorial fund in her name established by the Friends of Langley Porter Clinic, c/o University of California Hospital in San Francisco.

Dr. Portia Bell Hume

Dr. Portia Bell Hume, 85, a pioneer in community mental health, died Saturday at St. Helena Hospital in St. Helena.

Her husband, the late Samuel Hume, was director of the Greek Theatre in Berkeley.

A Napa native, Dr. Hume received her medical degree from the University of California at San Francisco in 1939. She joined the UCSF faculty after graduation and in 1942 established the Langley Porter outpatient mental health clinic.

Dr. Hume was deputy director of the state Department of Mental Hygiene from 1951 to 1961. She sponsored the 1967 California Mental Health Act.

After retiring in the early 1970s, Dr. Hume directed the psychiatry residency program at Herrick Hospital in Berkeley during 1972-1975.

A memorial service is pending. The family requests that memorial gifts be sent to the Langley Porter Clinic, 401 Parnassus Avenue, San Francisco 94143.

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INTERVIEW HISTORY

Portia Bell Hume was interviewed by the Regional Oral History Office in order to preserve her recollections of thirty years of close involvement in the founding and development of mental health services, and of the leadership of Earl Warren during his administration in the 1940s.

Dr. Hume was interviewed on July 14 and 21, 1970, in her office as director of the Center for Training in Community Psychiatry adjacent to Herrick Hospital and mental health center in downtown Berkeley; and on October 12, 1971, in her unique cloistered home overlooking that city and San Francisco Bay. A distinguished, statueque woman becomingly dressed in muted shades of green, gold, or beige, Dr. Hume spoke deliberately in a memorable, husky voice. Occasionally, she would look sharply at the interviewer across the room to see if she was understood.

In the first interview, she describes meeting Dr. Aaron Rosanoff, while she was a medical student in the 30s, who introduced her to his efforts to broaden the traditional one-to-one model of psychiatric care as an alternative to hospitalization of the mentally ill. Next she tells of the early days of Langley Porter Neuropsychiatric Institute and of other factors, such as passage of the National Mental Health Act of 1946, which gave impetus to the long range programs of improving state services undertaken by Governor Warren, first in corrections and public health and then in mental health. Juvenile referee Dora Shaw Heffner was Warren's original director of the Department of Institutions. That department was soon reorganized into the Department of Mental Hygiene and Dr. Frank Tallman was selected as director after a careful nationwide search.

The second interview details Dr. Hume's appointment by Tallman to the new post of director of community services and several years of work with local communities discovering their needs, establishing extensive personnel training programs, and developing a working advisory group to develop political support. This groundwork culminated in the passage of the Short-Doyle Act in 1957, which authorized state reimbursement to cities and counties which undertook to provide their citizens

with mental health information, education, outpatient, inpatient and/or rehabilitation services. Dr. Hume's description of the three attempts involved in this legislative process gives an indication of her considerable strategic skill.

By the time of the third interview, she had retired from the center, but was still deeply involved in consultation to the Herrick Hospital psychiatric interne program. At that session she talked of the accomplishments of ten years of the local programs, and commented on later legislative developments which considerably altered the original program. As the interviews were being edited, the decision had been made to merge the Department of Mental Hygiene into an umbrella state health agency on July 1, 1973.

The memoir closes with a rare personal look at Dr. Hume's father and her husband, both colorful figures in California affairs. Theodore A. Bell, a leader of the Democratic party and friend of intellectual luminaries, we see supervising his daughter's education. Sam Hume, nationally known director of UC's Greek Theater, we first see through the eyes of a shy undergraduate student and, years later, as her bridegroom sharing the design and building of their romanesque castle on the hill.

Dr. Hume reviewed the edited transcript of these interviews and made a few revisions verbally. Upon completion of several projects she still has underway, Dr. Hume has indicated that she will deposit in The Bancroft Library various personal papers, including the transcript of an earlier interview conducted by Alden Mills for the Department of Mental Hygiene.

Gabrielle Morris
Interviewer-Editor
Regional Oral History Office

3 February 1973
The Bancroft Library
University of California/Berkeley

Date of Interview: July 14, 1970

I EARLY ACQUAINTANCE WITH EARL WARREN

Hume: I was going to tell you how I first became acquainted with Earl Warren. It was when he was district attorney for Alameda County.

Morris: This was before 1938?

Hume: Yes. My husband had known him for a number of years. My husband was Samuel James Hume. A number of our close friends, especially Dr. William Donald, who was the university physician and president at one time of the Alameda-Contra Costa Medical Association, who was a neighbor of ours and also a good friend of ours, had gone to the university with Earl Warren.

The first time I met Earl Warren was when they came to my house for dinner in the 1930s. The Donalds were there and other mutual friends. So, as I say, my husband had known him before I met him on that occasion.

I don't know when my husband first became acquainted with Earl Warren. My husband had done some work up at the state legislature in trying to get our immigration laws changed so that we did not exclude Orientals so strictly.

Morris: You mentioned a young man named Pfaff in your earlier interview with Alden Mills.

Hume: Yes, I'll come to that. I'll just finish this line of thought. I know that my husband had some contacts with Earl Warren when Earl Warren first went to Sacramento because it was at that time that Sam became acquainted with Helen MacGregor who was one of the departmental secretaries. But, as I say, we had known him in another way. Socially, you might say, before he became governor when he was still here in Alameda County.

Now, going back to Roger Pfaff. When I was a pre-medical student between 1931 and 1933, before I entered medical school, Roger Pfaff and his good friend Whitney Harris, who later became a professor of law, were going to Boalt Hall in Berkeley. My husband had known Roger Pfaff for several years. Roger was going to go to law school up in Seattle and my husband persuaded him to think twice about that and to come to what we thought was a better law school, Boalt Hall. So, Roger moved down and actually he and his friend, Whitney Harris, moved in, lived in my house, which is very large; you may know it. I've lived there for forty years.

Morris: It's a beautiful sight up there on the hill.

Hume: They were law students going to Boalt Hall while I was a pre-medical student on the campus.

Morris: That must have been a marvelous household.

Hume: It was. We had marvelous dinner table conversation.

Morris: I should think so.

II PUBLIC HEALTH ASPECTS OF PSYCHIATRY

Influence of Dr. Aaron Rosanoff

Hume: Roger, as soon as he graduated, joined a very fine firm of lawyers in Los Angeles, and made his residence there. Very soon after he started his residence in Los Angeles, he went to the state legislature as assemblyman. I forget what district. As an assemblyman, he got acquainted with Dr. Rosanoff, and actually fought Dr. Rosanoff's battles in the state legislature.

Dr. Rosanoff was the director of the Department of Institutions in 1939. The important thing that happened in the legislature was Rosanoff's and Langley Porter's proposal to establish a neuro-psychiatric institute at the San Francisco medical center and also, eventually, at UCLA. There was no medical school on the UCLA campus at that time--it was only on the drawing boards, but one was planned--and the legislature had to authorize a second such institute at UCLA when the medical school was established, and after, there was a department of psychiatry, and there was time to build up a faculty there in neuropsychiatry. So, Roger Pfaff not only helped Dr. Rosanoff in this proposal, but on other matters, budgetary matters, in the state legislature.

It was through Roger that I first became aware of potentialities for change in the practice of

Ro-zan-off

Hume: psychiatry. When I graduated from medical school and passed my residency in neurology and psychiatry at UC, I received a research appointment there and they gave me an office with a secretary for the private practice, because they didn't pay much in the way of salaries to young faculty members.

Morris: But they did allow you to have a private practice?

Hume: Yes, and they provided the space--a waiting room and secretarial help. And that was the department of psychiatry, still kind of an offshoot of the department of medicine, so actually, the professor of medicine and a few of us had an office for private practice right in UC Hospital. And it was while I was going to just go on being a professor of psychiatry at UC that Roger Pfaff said "I want you to meet Rosanoff." And Rosanoff came to the house, and we had a long talk. And I first heard the concepts of the public practice of psychiatry.

Traditional Model of Private Practice

Hume: You see, the model at UC is, and the model I was brought up on is, the model of private practice of psychiatry. Although it was a state educational institution, they really had no idea about turning out psychiatrists, or doctors for that matter in any field, to provide public service. So, Rosanoff said we've got all these state hospitals overcrowded--and as the population grows, we have to keep building more--and they're full of patients who have been put there and forgotten. And there are many people in the state hospitals who could be out of the hospitals and in the community if there were any service for them. He said "I want you to join the department (it was then called the Department of Institutions) and see what you can do about this." He inspired me.

Morris: Going back a minute to having the Warrens and the Donalds for dinner, did you talk at all then as lawyers and doctors, and with your husband's concern for people, about these kinds of issues?

Hume: No. Well, I'm sure we talked some politics that night, very likely. But, I was still ignorant. I had not graduated from the medical school at that time, and had no idea what my future was going to be.

This was, for me, an absolutely determining interview with Rosanoff. This was in 1941. I'd just been out of medical school for three years as chief resident in neurology and psychiatry at UC. I had this private practice and started to teach, you see. And thought of myself as having, like the other professors in the medical school, a private practice and an academic career, psychiatry and neurology.

Morris: In which you would be teaching pretty much what you yourself had learned.

Hume: I would be teaching medical students and psychiatric residents and residents in neurology. I would go up the academic ladder.

Morris: In terms of practice privately and in teaching.

Hume: But, Rosanoff gave me a totally new perspective on private practice, which was fine, as far as it went, but it only reached, even potentially, only the ten percent of the population who could afford private psychiatric care. The rest of the people went through the courts and were committed to mental institutions, and forgotten. Not that they didn't get a good, humane kind of treatment. I don't mean to say that. There just wasn't any kind of program for them. There was no trained personnel. You know, I was the first person to hold, under state civil service, a position which required a trained psychiatrist. The position was set up for me. You would tell me it's hard to believe.

Childhood Near Napa Hospital

- Hume: I grew up in Napa. I was born and raised in Napa. We didn't move to San Francisco until I was eight years old. My mother and father courted each other at the state hospital dance. As a child, we went and had Sunday dinner with the superintendent of the hospital. I grew up in the shadow of the state hospital, and I knew from early on that these were very decent people, who did anything they possibly could for a patient.
- Morris: In the way of physical care --
- Hume: But they were locked up. They were behind the bars. Except those who were thought to be non-dangerous and they were allowed to go to the dances and be out on the grounds occasionally. I've had contact with mental patients from the time I was a baby because they would work for the superintendent. The head of the hospital would have them work in his house and we would be served by a patient.
- Morris: That's an interesting sidelight. It's almost like the military where some of the bright soldiers work in officers' homes.
- Hume: Right. They did the work for the staff there; they did babysitting, cooking, housecleaning. My mother was born in Napa, too--next door to the house where I was born--and she had all kinds of stories about her family having patients, who were interesting people, there for the weekend. One of my uncles was taught how to draw and paint by a very talented patient. I used to be shown, as a child growing up, the work of this patient. He was my uncle's art teacher. I never got any feeling from my upbringing of the townspeople having prejudices against these patients. It was very interesting.
- Morris: Yes, I should say so. Because the stereotype is that the public is afraid of state hospitals and the mentally ill.
- Hume: As I say, my mother and father would go to the state hospital dances on Saturday night. That was the thing

Hume: the townspeople enjoyed doing. There was music and they danced with themselves and with the patients. Thus was life in Napa at the turn of the century. So, I had this kind of background, but I didn't realize at the time the extent of the public health problem.

Anyway, Rosanoff said "I'll wager if we had enough trained people, people trained in neurology and psychiatry...if you could examine those patients, you would find that half of them that didn't have to be in the hospital. You could get them out."

Morris: At that point, did he think in terms of the numbers of people having emotional and psychiatric problems that we do now? The figure often quoted is ten percent of the population.

Hume: I don't remember his making any estimate of the incidence rate. That's a pure guess. Studies vary tremendously. The only ones that are really for sure are the ones on the child population. The surveys agree on that. It's around ten percent at any one time. But the oft-quoted figure that you mentioned is that in a lifetime ten percent of the population will, at some point in their life, suffer. But, we know from surveys done by school personnel in all parts of the country that about ten percent of the school children that are in the school system at any given time are in need of psychiatric care. It's a surprisingly high figure. Neither of those figures was spoken of at the time that I'm talking about.

Morris: Did Dr. Rosanoff think in terms of concern for the number of people who needed some kind of treatment but weren't getting any?

Hume: Indeed, yes. That was the whole idea behind the Langley Porter Clinic, as it was eventually called to honor Dr. Langley Porter. It was because the lack of training and the lack of research--that would disclose what the figures were--for the general population. But it was very important that there be established a training and research institute at the medical center. That was the idea behind Langley Porter and later, the neuropsychiatric institute at UCLA.

Hume: Let me put it most simply--Rosanoff's slogan was--not that he expressed it as a slogan--was to get the patients "out of the state hospitals and into the community." To provide some kind of help for them, as well as to train the professionals to be able to treat people and not send them to state hospitals as the only resource outside of private practice.

Founding East Bay Psychiatric Association

Hume: Now, at that time, there were very few physicians who were psychiatrists. At the time of the opening of Langley Porter Clinic, right in the middle of the second world war, there were no more than six in Oakland including myself who didn't practice in the East Bay at all even though I lived there. Six psychiatrists in the entire East Bay. By one year after the ending of World War II, this figure increased to about one hundred and six. That's because the military were going through this area.

When the war was over, we had an influx, and I called the first meeting of the East Bay Psychiatric Association when I became aware of the fact that I no longer could just call a meeting of the Alameda-Contra Costa Medical Association section of which I was the chairman by just calling a half a dozen people together. So I tried to find out how many there were and we held a meeting on Treasure Island at the Officer's Club. Somewhere around eighty people came to that meeting, and they knew of others who were not at the meeting, and we formed the East Bay Psychiatric Association.

Morris: Was this because they were aware of the interesting kinds of ideas that were happening here?

Hume: No. They wanted to get together professionally, and also we needed a mechanism of communication--for example, if the medical association referred to me a question which involved what do the psychiatrists think about this, or what is their position on this, that, or the other. Previously, I could get them

Hume: together, or call them on the phone. But I soon discovered that I couldn't do that, that there were these unknowns who were just literally pouring into the area.

Morris: It was this pouring in that I find fascinating, that within a five year period, in a profession as specialized as psychiatry, practitioners should increase from six to one hundred and six.

Hume: I think it was a little longer than five years. It was about 1948 that I called that meeting. The war was over and people had resettled and they came pouring into the Bay Area.

We had a small psychiatric society for Northern California with a total membership of possibly fifty, including all the psychiatrists and neurologists in Northern California.

Right here in the East Bay it went from six to over a hundred. It happened even more rapidly because during the war there wasn't much change--everybody was in the service.

Early Days at Langley Porter Clinic

Hume: Well, let me go back now. Rosanoff said, "I will set up a position for you..."--(the building wasn't going to be ready to open until the spring of '43 and this was in the fall of '41. They'd broken ground and were just pouring the foundations). He said, "I will set up a position for you on the staff of Langley Porter, under state civil service, as physician and surgeon. And it was already, I think, at that time pretty sure that Karl Bowman was going to be brought from Bellevue to be professor of psychiatry and to head up Langley Porter.

I said okay and I took the civil service examination and he telephoned me to come up to Sacramento. This was early in 1942. He told me I had passed and we settled upon the fact that I would start on July 1, 1942.

Hume: You understand that the building had not yet been finished and that Bowman had not yet arrived. He wanted somebody there minding the store. But he had gotten the United States Public Health Service to send down a consultant, so when I started, Dr. Treadway --

Morris: He apparently was quite a remarkable man.

Hume: A remarkable man. He was the U.S. Public Health Service man with an office over at the medical center.* He was the consultant to Rosanoff on who to get to head up Langley Porter and on what kind of a program to develop. He was the technical expert.

At that point I became well acquainted with Dr. Treadway. And we became very, very close, dear friends. Bowman was not there. He didn't arrive until fall or winter of '42.

In the meantime, Rosanoff fell desperately ill. He was unable to come to the opening ceremonies, and died three weeks later.

Morris: That's a dreadful kind of an ending to his career.

Hume: Yes. When Bowman arrived I was the only professional on the staff that had arrived. I said, "Dr. Bowman, it's really not quite right that you should be saddled with me and I want to urge you to make your own appointments." Well, he was just delighted to have me. He thought I was well trained and had some potentiality to me. So he said, "Please stay on."

Actually, a secretary, Dr. Bowman, and I occupied an office together in one room, and my job was to get that building equipped. And if you think that wasn't a difficult thing --

Morris: It must have been incredible during wartime.

*See Appendix to Robert Langley Porter, Regional Oral History Office, University of California, 1960.

Hume: Including all the buying of everything, for the whole place, not only the furniture but all the surgical instruments for neurosurgery and everything. It was quite an education for me.

Morris: I should think so.

Hume: And also he said, "You design the color scheme, and so on."

Morris: Could you tell me what the color scheme was that you designed? This I caught in reading the interview with Mr. Mills.

Hume: I was over there just about ten days ago to a farewell party for someone, Dr. Shapiro from our staff here went over with me, and as we were going through Langley Porter, he said, "This place looks so terrible, it doesn't have to, it isn't all that old, it doesn't have to look as bad as this." They'd even painted over the beautiful tile.

We had perfectly lovely combinations--very subtle colors there. You know, nothing brash at all but nothing drab either.

Morris: Non-institutional.

Hume: Yes, non-institutional. Things like very pale Chinese lemon yellow. And what now is quite common--wasn't so common then--grey-greens.

Morris: Celadon?

Hume: That kind of greens. And the hallways were tiled to a certain height. They were a very nice color, a kind of a peach-colored tile. That tile in the hallways dictated what kind of colors you could put with them. Now they've even painted over the tiles, and it's just awful looking. But it wasn't that way when we started. In fact, everybody liked it so well that when they built Moffitt Hospital, the dean of the medical school asked me to be on the committee to set the color scheme for the Moffitt Hospital.

Morris: There's a whole sub-speciality, isn't there, on the psychological effects of colors?

Hume: Yes, that's right.

Well, in any case, I had to try to help get a staff together. All the able-bodied men were off to the war. Indeed, Dr. Bowman, himself, was consultant to the armed forces and the surgeon general, and was hardly ever there. To get a staff together was extremely difficult--to open this place for business. But we managed. And by the time we opened it, Dr. Bowman said he wanted me to be director of the outpatient departments. We opened in April and by July 1 we had a caseload of seven hundred and fifty patients, from all over the state of California.

Morris: Isn't that incredible.

Hume: And we maintained that size caseload for years. We never had less than that. There were only ninety beds, and they weren't all opened. So there were never more than fifty to sixty inpatients.

But the outpatient caseload was very large. There were one or two clinics in San Francisco at the two medical schools, but they were very small clinics, clinics where I was trained. There was one clinic in Los Angeles, connected with a private hospital down there. But that was it. There was no place for outpatient evaluation and treatment. And people literally flocked from all over the state. They would come and take up their abode near the medical center, and stay as long as necessary, in order to get the diagnosis and treatment. It was really badly needed and the immediate response was spectacular.

Morris: This was just prior to the time that Warren was elected. He was elected in November of '42 and took office in '43.

Hume: Yes. We opened Langley Porter in April of '43. He had just gone to Sacramento.

Morris: There was a state fire marshal's report on the quality of buildings, the actual safety of the state hospitals. Had that been under Dr. Rosanoff? This

Morris: is in the record as being the start of Governor Warren's concern for the state hospitals. The fire marshal reported that hospitals were so crowded there were beds in the halls.

Nathan Sloate said that Rosanoff supported the fire marshal's report. So I assumed that the report had been done earlier.

Hume: Must have been, because, you see, Rosanoff died in the spring of '43, about three weeks after the clinic opened.

I immediately named the outpatient clinic the Aaron J. Rosanoff outpatient department, because the whole place was named for Langley Porter and I thought Rosanoff should be memorialized in some way.

I was full time there at Langley Porter, was head of the outpatient department, all during the war. And I held a joint appointment at the medical school, as assistant professor of psychiatry. And when Dr. Bowman came, the same thing pertained to him; we had joint appointments. We were paid salary by the State Department of Mental Hygiene to operate the clinic.

Morris: The neuropsychiatric institute?

Hume: That's right--but we also had medical school appointments, we were paid by the medical school. So we had double appointments, overlapping appointments.

The institute itself, you see, was administered by a joint board of trustees, University of California and Department of Mental Hygiene.

San Francisco Psychoanalytic Institute

Hume: Even so, I got interested very soon after we opened Langley Porter Clinic (I think this must have been in 1944 or '45) in psychoanalytic training for myself.

A psychoanalytic training institute was in process of being formed in San Francisco. And we had these marvelous people from Europe who were refugees from Hitler who had come to the United States, and some to the West Coast. They were outstanding world-known psychoanalysts, and they established this institute in San Francisco. And I was one of the first trainees at that institute. Now, I don't know if you know that psychoanalytic training is very long and arduous, it's three years of seminars--you go through your didactic training and also have a personal analysis. And then, before you graduate, you have to conduct at least two analyses under psychoanalytic supervision by your teachers--and that takes at least another three years to complete, an analysis.

So, by the time that the war was over, I wanted to become either part-time over at the medical center so I could do these analyses (I couldn't carry out this complete training unless I got myself off the hook of full-time responsibility over there). So I told Dr. Bowman that this is what I wanted to do and asked him to find a replacement for me, to head up the outpatient department, which I thought deserved a full-time person. And I would stay on as part-time staff or visiting staff, and that this was my next step professionally. And I felt that I wanted to maintain relationships with Langley Porter and the medical center, but I wanted relief from this full-time, very arduous responsibility.

National Institute of Mental Health

Hume: So he agreed to this in theory and the next thing I knew, and this is very important --

In 1946 as a result of war experiences, the United States Congress passed the first National Mental Health Act. Now this was a result of the fact that in the screening process, so many young men of military age turned out to have psychiatric problems, and had to be screened out. Plus the fact that so many of them broke down in boot camp and then in combat.

As in all branches of medicine, but I would say particularly surgery and psychiatry, the war experience is responsible for great advances in our knowledge.

Morris: That's a curious side effect, I think.

Hume: Yes, but it's true. So the National Mental Health Act had been passed and Dr. Bowman was on the advisory committee. You know what the act meant; I must tell you.

Morris: Yes.

Hume: It established a National Institute of Mental Health, which within fifteen years became greater and bigger than all the other institutes of health put together and became more autonomous. The legislation also provided for federal funds to be used as grants to medical schools and other places for training stipends.

Morris: And for funds for states to start mental health programs?

Hume: Also for research. These were the two strong branches. And a little tiny bit of money to go to the states to help the states to get psychiatry out of the state hospitals.

Morris: Your comment about the Institute of Mental Health having expanded and become autonomous leads me to wonder if this had any affect in producing any kind of rivalry or administrative arguments between

Morris: departments of public health and departments of mental health as they developed, and between the psychiatric profession and other branches of medicine.

Hume: I'm trying to recall the time of one of them. There have been many different reorganizations historically of the National Institute of Mental Health, but there was one in which there was some difference of opinion as between Dr. Robert Felix, the director of the National Institute of Mental Health, and the surgeon general at that time. It was some rivalry about relationships which would indicate a power struggle.

I remember that I was asked to review the material on this subject by one of our directors of mental hygiene and to write a commentary on it, but I've forgotten the details of it now. I've lost track of all the reorganizations of the National Institute of Mental Health. Everybody knows they've been so numerous, one really never knows from day to day what the set-up will be. But it has grown as a result of all of these changes. It now has bureau status.

Now it was very important that Bowman was on an advisory committee to the NIMH to help to get this program on the road, the total program.

He came back from a trip to Washington in 1947 and said to me, "You know, the advisory committee back there would like to establish a clinic in Berkeley. How would you like to take on that job and be the part-time, you could set your own time--half-time, or three-quarter-time--director of it?" I said I would like it fine.

Berkeley State Mental Hygiene Clinic

Hume: The news Karl Bowman brought back from Washington was that the NIMH would give to the Department of Mental Hygiene national mental health funds under the new act to establish a clinic in Berkeley. He asked me, "Would you like to do that? This will save commuting six days a week, it will save you lots of time and you can complete your psychoanalytic training and you can be half time or whatever time you would want to spend." I said, "Yes, I would, if it's a training clinic. But," I said, "I'm convinced that our only hope for public mental health services in California is to train more manpower." And he said, "You know the president of the university very well." He is a personal friend of mine. He was the best man at my wedding.

Morris: This is Dr. Sproul?

Hume: Dr. Sproul. And Bowman said, "Ask him about it." He said that as far as a medical school is concerned, he would like to use any clinic that you set up in Berkeley to train residents. He said, I think the VA would also use it, and the School of Social Welfare. And the Department of Psychology.

Well, everybody turned out to be very enthusiastic about this. And they let us open the clinic on campus in May, 1948. I was thinking of whose house it was. Mrs. Cheney's, the one that's been torn down--old Victorian two or three story house, right on the campus. It was where the School of Environmental Design is now. It was right at the end of College Avenue.

Morris: This was the first home of the East Bay Psychiatric --?

Hume: We called it the Berkeley State Mental Hygiene Clinic. It was Berkeley State Mental Hygiene Clinic for years. So I left Langley Porter in the fall of 1947, to open the Berkeley State Mental Hygiene Clinic as a training clinic affiliated with the university. To train residents, social workers and clinical psychologists. To work in the field of psychiatry.

Hume: I still maintained an appointment in the medical school. I have had an appointment in the medical school ever since, but instead of working for that agency of the Department of Mental Hygiene known as Langley Porter I now was head of a new clinic operated by the State Department of Mental Hygiene.

Morris: And from this did the Cowell Hospital psychiatric clinic come?

Service to Students

Hume: No, let me tell you. While I was at Langley Porter, and even before we opened Langley Porter, we had a student health service office over at the medical center not only for medical students but for pharmacy students and nursing students, all the students on that campus. Dr. Saxton Pope, he was at that time a internist, we were very close friends--he and I and one or two others saw all these students and a lot of them had psychiatric problems.

Dr. Pope was fascinated by the fact that about half of the problems were psychiatric rather than for an internist like himself. We got to working together so much on these cases that he eventually took a residency at Langley Porter and became a psychiatrist. And then by plan was to succeed Bill Donald, was to, but it never happened, as university physician.

Morris: Dr. Donald died, didn't he?

Hume: Dr. Donald died. Well, in any case, we had so much going for the students on that campus that this campus began sending students over from Berkeley for care. I had a separate clinic you might say, a separate file, for university students over at Langley Porter.

So Bill Donald asked me when it was known that I was going to open the state clinic right on the campus, he asked me if I would organize and establish the psychiatric facility at Cowell Hospital. And I

Hume: did, with the idea that as soon as Saxton finished his training, he would come and head it up. So I established both clinics simultaneously and they were half a block apart. One was just for students and the other was mainly for the students who dropped out and the faculty. This was our caseload for the Berkeley State Mental Hygiene Clinic, and veterans who were deemed not to have service-connected disabilities. We had loads of veterans at the clinic in Berkeley.

III DEPARTMENT OF MENTAL HYGIENE ADMINISTRATION

Governor Warren's Appointments

Hume: Now about the time that I started opening that clinic in Berkeley, Warren's appointee for the director of mental hygiene was a non-psychiatrist.

Morris: This would be Dora Shaw Heffner.

Hume: She was a juvenile court lawyer, this is the best way to put it. She came from Los Angeles. She knew a lot about juvenile court.

Morris: She was a referee in juvenile court and she had also done a lot of work with the Florence Crittenden homes for girls in the Los Angeles area. Her background, I thought, was interesting and in some ways very much concerned with the kinds of problems of women and young people in this curious problem of the interaction between correctional needs and emotional needs. I thought she was an interesting appointee for Warren to make. Apparently, she was in support of changes in the department.

Hume: I think so. She brought in a different viewpoint. She got into lots of difficulty because of criticism in regard to the way she operated the state hospitals. There was always some scandal coming to light; she was a target.

I think, you see, we had only one director of mental hygiene who had been a medical person. And in fact the Department of Mental Hygiene became Department of Mental Hygiene in '46.

Morris: Warren became governor in '43.

Hume: He had already appointed her, I guess.

Morris: He appointed her in January of '43.

Hume: So she was there when it was the Department of Institutions; he might have thought of her as head of the Department of Institutions. She was appointed to that.

Morris: As head of the Department of Institutions her background made more sense.

Hume: But during her term of office, the department became the Department of Mental Hygiene. And that became her job, you see, and the Youth Authority, and all the things she was most conversant with were under somebody else.

Morris: They were all being reorganized about the same time.

Hume: Yes, they were.

Morris: What was the impetus to divide off the children's correctional institutions and the blind? I wondered if Helen MacGregor had a role in this or Bill Sweigert or some of the other assistants in the governor's office, or if maybe it came from Mrs. Heffner herself.

Hume: Well, at some point Mrs. Heffner brought from the NIMH Lawrence Kolb, Senior--he is still alive, an old, old man, a wonderful man--brought him in to be deputy director of the department.* He was a U.S. Public Health Service psychiatrist. I think it was Mrs. Heffner who brought him, but when I first opened Berkeley State Mental Hygiene Clinic and started going to Sacramento, Dr. Kolb was not there. The person I would see would be Mrs. Heffner. I did not at that time have any contacts that I can recall with the governor. Any contacts I had would be through

*The position of Deputy Director, Medical, was authorized for the 1945-46 fiscal year; Dr. Kolb was on board by June 30, 1946.

Hume: Mrs. Heffner. But I think it was before she left the job and Tallman was appointed that Kolb was brought in from Washington to help Mrs. Heffner as a psychiatrist. When he came, then I was directly responsible to him rather than to Mrs. Heffner.

Then when Dr. Tallman was appointed director in 1949, I recall, I was there the first day he met with all the state hospital superintendents.

Morris: That must have been a very interesting meeting.

Hume: Extremely interesting. I can tell you an amusing story about it. He--but before I do that I want to say something about Earl Warren, the way he went about, after he had taken the Department of Institutions apart and had set up these three different departments, he appointed committees, the best people he could find, to help him select directors for these three agencies. This is while Mrs. Heffner was in office. He not only asked for her advice but he committed himself to taking it. That is remarkable. The result was that he got three people to head up those departments who were absolutely outstanding and that is how Tallman came, the committee found Tallman for the job.

Morris: Another would be Karl Holton.

Hume: Yes, for Youth Authority. And McGee for Corrections. They were really outstanding, all three of them. That was the way Warren governed the state. And it was typical and unusual. I mention this because, before or since, no governor has ever behaved like this.

Morris: Why did he use this device as nobody else has done it before or since?

Hume: He was so determined, I think, to be in the best sense of the word a good administrator for the state, that he did what he would have done if he had been head of Standard Oil. He would have asked the experts to advise him. He was not about to make any kind of political judgments. Pick someone who would be loyal to him or have some kind of political basis for--he wanted to find people who were professionals in their

- Hume: fields and who would create the three best departments that he had envisaged as part of his delivery of services to the people of California.
- Morris: Before we went on tape you mentioned something about the Department of Public Health, that legislatively the Welfare and Institutions Code was --
- Hume: Yes, I don't have the history of that department well enough in mind to tell you when or why. But, as far as mental hygiene is concerned, Warren did something else which was most fruitful. I don't know when he called the first statewide conference. I know the second one I attended.
- Morris: The first one was 1949.

Development of Community Services

- Hume: Was it? He called a statewide conference on mental health together in Sacramento.* And this was set up for a two or three day meeting of workshops and was highly structured and recommendations were reported back to the governor. And the one set of recommendations which had a great deal to do with my history was to advise the governor to establish within the Department of Mental Hygiene, which had been up till then, except for Langley Porter, entirely a state hospital program--we've got to go back. Between 1946 and 1948 the state legislature in recognition of Dr. Rosanoff's ideas that we had to get some psychiatry for the public outside of the state hospital program, had authorized the establishment of seven state operated mental hygiene clinics, six actually.
- Morris: Plus Langley Porter.

*The summary reports of several of these conferences are in the Earl Warren Archive in Bancroft Library.

Hume: In addition to Langley Porter. We picked population centers. They were in Los Angeles, San Diego, Riverside, Sacramento, and the Oroville-Chico-Redding area. Now, the Berkeley clinic which I headed, that was an extra, because that wasn't funded by the state.

Morris: It was autonomous within the Department of Mental Hygiene?

Hume: It was operated just like these other state mental hygiene clinics, exactly, except the funding was just a windfall made by people in Washington.

So it was federally funded from start to finish, whereas the others were state funded, but they were all operated as state mental hygiene clinics. The result of the '49 conference was a recommendation to the governor that the Department of Mental Hygiene have a deputy director in charge of hospitals, but also have a deputy director in charge of what was called community services, that is, psychiatric services outside of hospitals. And that the legislature fund this additional position and carry out and expand a program of community mental health services for the state, extramural services. So that I guess it must have been the 1950 legislature which acted on this and set up the job. By this time Dr. Tallman had been appointed. He would have come in about 1948 or '49.* Well, I'm sure Mrs. Heffner was still there when I opened the Berkeley clinic in '48.

Dr. Hume Becomes Deputy Director

Morris: And you were appointed the first deputy director?

Hume: Here was I at the Berkeley clinic which I had just opened in '48, when early in 1951, Dr. Tallman asked me to come up to Sacramento and offered me the job. And I was very keen about the idea, of course. But

*Dr. Tallman was appointed September 15, 1949. Mrs. Heffner had resigned March 31, 1949. Dr. Kolb was acting director for the interim period.

Hume: my husband had turned down a job offered by Sproul to be head of the big drama department down in UCLA, just didn't consider it, he wouldn't leave Berkeley, and I was in the same position. I said, "Well I can't leave Berkeley and move to Sacramento." And so I turned it down. Then Tallman came back after a month or so and he said, "What are your terms?"

And so I said, "I'll take the job if I can have an office in both Berkeley and Sacramento. I'll spend up to half my time, if necessary, in Sacramento. But have my headquarters really in Berkeley." And I said, "I really think if I do the job that I won't be in either office very much. I will be out all over the state. That's what it will mean."

So I took the position with that understanding. I had nearly a thousand feet of office space in one separate wing of my house, so I set up my Berkeley office right there, at no cost to the State of California, and I had an office in Sacramento. Now actually I spent a third of my time at least out of either office.

Morris: I would think so. That would be the nature of community services.

Working with Dr. Frank Tallman

Hume: Yes. So I went to work on the first of June, 1951, under Dr. Tallman, for whom I had enormous respect. And it was mutual, even though we had gotten off to a very bad start. You might be amused by this. Would you be amused?

Morris: I'd like to hear about it.

Hume: Dr. Tallman had said, when he first met with the state hospital superintendents and the clinic heads on that famous day when we all met him for the first time, he said that his office door would always be open; if we had any problems or roadblocks operating the program that we were to come straight to him.

Hume:

Well, I was running the Berkeley clinic and we were asked to present budgets about a year ahead of time. And I worked up a budget and presented it with all the justifications, gave fifty-eleven copies to the deputy director, Kolb, in Sacramento and nothing happened. I always felt I had to know how to plan. I had to know before the day arrived, the new budget period, what was going to happen. I wrote and I phoned and I tried about six times to get through to Dr. Kolb and I didn't get any response. So I finally got mad and I said I'm going to see Dr. Tallman. I had a terrible time getting an appointment with him, but finally--this was the first time except for the first day that we all met him, that I had asked to see Dr. Tallman.

So finally I got an appointment with Dr. Tallman and I presented myself at the appointed hour. Dr. Kolb came out into the waiting room and said, "Come in to my office." I said I'd be happy to but I was really there to see Dr. Tallman and I wanted the secretary to know where to find me and he said, "Dr. Tallman has asked me to talk to you instead." And I said, that was fine I was glad to tell him what my problem was, I've been trying to tell him for months, but I still wanted to see Dr. Tallman before I left. And he said, well, Dr. Tallman is leaving in just a few minutes to make a trip and I said, I'll have to see him first then.

He had a woman he couldn't persuade on his hands, and he said, "Okay, I'll get you in." I went into Dr. Tallman's office and said, "I understand you're leaving in ten minutes. This is my problem. I submitted a budget months ago and the budget period is about to start. And I am unable to find out how I am to operate this clinic in Berkeley. Not able to get any feedback at all as to what is or is not in my budget. Or whether you approve the program which I have planned. So I'm here to find out where you stand. It's very important to me, it's a trivial thing to your total program, but it's important to me."

And he turned to Dr. Kolb and said, "Well, what about it, Kolb?" And Dr. Kolb said, and I nearly went

Hume: through the floor, he said, "I can't find it, her budget proposal."

Morris: Oh dear.

Hume: "It's been lost." And I was astonished. I said, "Dr. Kolb, you know, if you had just told me this. I'm terribly sorry." I hated to have it come out like this.

But before this happened Dr. Tallman, who was very short tempered, became extremely angry, either at Kolb or me, I forget which, during this interchange, and he pounded the desk. Very angrily. And I stood up. And I answered him and I pounded the desk back. [laughter]

So this was the beginning of a long and friendly cooperation between Tallman and me. We used to laugh about it later, how we got acquainted in that rage. He said, "I decided if you behaved like that with me you could take anything."

Morris: After losing the budget I hope they gave you the money requested without any reductions.

Hume: I sent some more copies up and it went through all right. But why Kolb just put me off and put me off; I guess he didn't want to tell me he lost it, and thought any minute he'd find it.

Morris: It's details like this, I get a feeling, that shape many important events.

Hume: Yes, how people react. So my next encounter with Dr. Tallman was, I guess almost my next one, maybe I saw him on occasions like the governor's conference on mental health--my next encounter was when he asked me to be the deputy director. I think he wanted someone he thought was tough, as tough as he was, who could take it.

Morris: Yes, I gather that he was quite forceful --

Hume: Very.

Morris: Was his contribution as director largely as a good administrator or did he have his own directions as far as program?

Hume: Well, I'll tell you. What he encountered when he became director was a fact which remained a fact throughout his administration and afterwards. The department is really run by superintendents of state hospitals through committees. This was a fact of life which I had to deal with too, when I was deputy director.

Tallman really tried to give, and I think succeeded--gave real leadership to the department in a different way from Rosanoff, but Tallman really wouldn't tolerate the department being run just by the hospital superintendents. He didn't destroy the committee system any more than I did. But we worked with it.

I never made a move without going through those committees, and educating the superintendents. And this of course became very touchy by the time we proposed the Short-Doyle Act and I think the only reason why, in retrospect, they took it as well as they did and went along with it is that they thought it would never succeed. You know, it was a dream this wild woman had dreamt up. It wouldn't mean cutting back of the state hospital program, which in fact it has meant. But I was telling them this, telling them that one of the purposes was to reduce the state hospital population and to go along with me was almost like, you know, cutting your own throats, but they did go along. And I never did a single thing without discussing it ad infinitum with them. And getting them to back it.

And Tallman worked with them in somewhat the same way, perhaps not quite as patiently as I did. But he did give strong direction to the program. But working through the superintendents who at that time really controlled the entire department and the program and were looking out for their own interests.

Morris: One of the other proposals that occurred as a citizens' conference recommendation, and I think also

Morris: legislatively, was that each state hospital have its own outpatient clinic too, to serve the community. I'm not clear as to how this progressed.

Hume: That's right. And when I took over, these clinics that I mentioned were already established. These state mental hygiene clinics, separate from state hospitals. One of the things that I clarified with the superintendents was that I was not going to ask for an expansion of those clinics or any additional clinics until every state hospital had its own outpatient department.

Morris: And how has this fared?

Hume: It was policy and it was carried out to the extent that it was feasible or possible for the state hospitals to carry out. In some cases the whole idea was so new to them that many of the state hospitals didn't want to do it. They would operate these outpatient services in a very minor and lackadaisical way. You know they weren't really enthusiastic. But that was a promise I made to them and I kept that promise.

Morris: I'm going to be talking with Dr. Tallman in a month or so. I wonder what kinds of questions he might be the best person to shed some light on--what were his particular areas of interest and strength as director?

Hume: I think the main thing was that he came to a program that was almost one hundred percent state hospital program and he saw that it was overcrowded, because during the war the hospitals had not been able either to rehabilitate their older facilities or build anything new. So, he made the tour of the hospitals and he knew there was now going to be money for making and creating new buildings. When he made the tour of the hospitals he said they were, in effect, nothing more than warehouses for patients who were largely forgotten by their communities and their families, and that he thought that--all the state hospitals had farms at that time and they produced vegetables, and milk and meat--they had prize dairy herds and so on. He said that he thought the animals were better taken care of than the patients. This was the end of his first tour of the state hospitals. Well, of course,

Hume: some of these prize herds were pampered, but his ideal was to upgrade the quality of care in the state hospitals and to work with the legislature to get the money to do that. Also, he was very keen I think about the community, developing the community program along that lines that had been originally laid down by Dr. Rosanoff.

Role of the Legislative Analyst

Morris: Getting approval for additional funds also means working closely with the Department of Finance and the Legislative Analyst, Alan Post, doesn't it? Could we talk a bit about Mr. Post?

Hume: Sure. I forget the name of his predecessor who created, who was the first incumbent. This is not State Department of Finance. These men worked, these staffs, for the state legislature. They don't work for the administration; they work for the legislature. The Department of Finance is part of the state administration, but not the legislative budget analyst. He doesn't work for the state. He works for the legislature. At the hearings on the budget, he prepares a thick critique of the governor's --

Morris: I have read the sections dealing with mental hygiene in recent years and found them fascinating.

Hume: Oh, yes. He does a magnificent job and at the budget hearings he will sit opposite the Department of Finance people.

Morris: That's a lovely picture.

Hume: He is in an adversary position. It's to help the legislature which has the job, you see, of reviewing the governor's budget, and changing it and making the appropriation, as the elective representatives of the people. He represents their viewpoint and he will argue. And he has this magnificent style, he works year around. They go into every aspect of the

Hume: state services, and inform themselves. Well, the last I heard, he had about twenty people working under him, young bright men, under his direction. This office was created before he was the head of it.

Morris: Vandegrift --

Hume: Alan Post worked as Vandegrift's assistant. And then when Vandegrift retired, Post was the logical person. So there have only been two people in the job over a long span of years.

Morris: That's remarkable --

Hume: There's real continuity there. Unlike the directors of mental hygiene who are, as you know, political appointees of the governor. But the civil servants in the Department of Finance, some of them have been there a long long time. We had some great...Jeff Mugford, I guess it was, was appointed by Knight as director of finance. He was just a very good person from my point of view, you know. You could talk to him and talk sense and he would get the idea.

Morris: Do either the legislative analysts or the Department of Finance offer advice and consultation on fiscal matters, or is it a matter of arguing with them on what you see as the priorities?

Hume: It's mainly the latter, but I always liked working with Alan Post and his staff. Let me say this, the Department of Mental Hygiene I think, like most state departments, would say "don't tell him anything. The less they know the better, about what you've done."

And I just absolutely wouldn't approach him that way. I said I think we'd be much better off if we tell him everything. I would use him as a consultant. I would ask advice and listen to him. Because I thought--first of all Alan Post is a man of absolute integrity and brilliant and charming and an artist. He's a marvelous painter. He's not the typical budget kind of guy. He's a creative man who is personally so splendid. I have unlimited admiration

Hume: for him. And I found working with him, rather than trying to push him away, very worthwhile.

Morris: In other words some of his questions of budget items would be useful.

Hume: -- Would be very valid. I learned an awful lot from his questions. And he would raise hard questions. You know, ask the most embarrassing questions.

Morris: Can you remember a for-instance?

Hume: Not off hand. Well yes, I'll give you a spectacular one. At a budget hearing, before the Budget Committee of the legislature, Mr. Post said to me, why should we give you any additional funds for those state mental hygiene clinics. All they do, you know, is send people to state hospitals. They're supposed to help people from having to go to state hospitals. In fact, he said, I'll bet you a--what did he bet me, like a champagne supper or something, and so I said that he might be right, that I didn't know what the numbers were, that I wasn't prepared to testify as to exact numbers that we sent.

Then I explained the value of sending people earlier rather than later if they needed hospitalization. And I said I would be prepared to come back and testify as to the shorter duration of the stay in the state hospitals. And also I would be prepared to testify as to the amount of public funds that the state mental hygiene clinic saved the taxpayers by treating it on a very economical level, people who were on, were getting public welfare because of mental disability.

I came back with, on one legal size sheet of paper, the vignettes of twelve cases. That was on the first column, the dates, and length of treatment and the cost of treatment at a state mental hygiene clinic, one of these twelve for each of our clinics; the amount of money that those people had been paid, out of public tax funds because of their disability before treatment and their economic status at the end of treatment. I asked the clinics, each one of you give me one or two cases where I can prove this point and it turned out that those twelve cases had saved

Hume: the state enough money to pay for all the clinics for one year. So I brought this back to Mr. Post and the legislature--I didn't know myself how it was going to come out. But it absolutely worked like a charm. It convinced the Budget Committee.

Date of Interview: July 21, 1970

IV DEPUTY DIRECTOR FOR COMMUNITY SERVICES

Interagency Coordinating Committee

Morris: I wanted to ask you about Governor Warren and his use of an advisory committee.

Hume: Yes, now I want to tell you he was the first governor to create a California Advisory Committee on Mental Health, and this he did in 1951. That was the year I went up to Sacramento as the deputy director so I was in on that from the very start.

Morris: Was it your suggestion to have an advisory committee --

Hume: No. It was something else that happened. I want to tell you today about two things. First about the importance of Warren's Advisory Committee on Mental Health, and the other was the first week I was up there I made a suggestion to Dr. Tallman that we create a state mental health coordinating committee involving professional staff people from seven state departments. Dr. Tallman's reaction was wildly enthusiastic, he said, "If you never do another thing, I'll consider that this is a brilliant, simply brilliant, idea."

It had never been done before. It was later adopted by all governors as important policy to put departments together as part of the governor's cabinet to form a group as a kind of task force, but this had never been done before.

Morris: What were the seven departments?

Hume: The seven were the departments of Public Health, Social Welfare, Corrections, Youth Authority, Education, and the Recreation Commission which was not a department. It was called a commission. It was a rather small operation, but I thought since it existed, it belonged in there, and the Department of Mental Hygiene. Those are the seven.

Morris: Did he take this idea to Governor Warren, Dr. Tallman?

Hume: We got approval. I'm sure he told the governor about it, and got it directly from him though I'm not sure. We had to get approval from all the departments and from on high.

Morris: Do you remember some of the reactions of the heads of those departments?

Hume: They all reacted very favorably and they appointed their representatives at the topmost level.

Morris: How was it presented to the other departments. What were the goals?

Hume: All of these departments are involved one way or another with mentally retarded and mentally ill.

Morris: Providing some type of service.

Hume: And that each department would profit by not continuing to develop its program in isolation so far as the mental health aspects of the department were concerned, but there would be a gain if we could work together since we shared, although the departments were unique in their major functions, in their secondary functions we all shared in promoting mental health and combating mental disorder. And that therefore we would do better and accomplish more for the population of the state if we coordinated our efforts.

Morris: Did this involve regular scheduled periodic meetings?

Hume: I believe we did, and projects. We had no money, no extra money, but we all worked very hard. We actually

Hume: did the first survey on the subject of mental retardation in Los Angeles County, and based upon the facts we unearthed we made some important suggestions. I think that really, if I may say so, that this committee expedited the establishment of Point One and Point Two programs in the schools for the mentally retarded.

When our recommendations took the form of introducing legislation, then you see all seven departments went as a bloc in support of our recommendations. It meant a lot to have seven departments that had reviewed all the facts and come up with the same recommendations. It had a very strengthening effect. The same thing happened when I used this committee as helpers and also as a sounding board for the Short-Doyle Act. When we took it before the legislature, it wasn't just the Department of Mental Hygiene sponsoring that bill, but all seven departments were in back of it. Through this coordinating committee we worked in a variety of ways with these departments and with many other organizations, but it was a help.

Morris: This sounds like a similar grouping that Governor Warren used to meet with once a month. In the mornings he had his formal governor's cabinet that had all the department heads, and then in the afternoon he would meet with department heads who were working on related activities.

Hume: As I said for different purposes, maybe not, you know, mental health was just one, but subsequent governors, including Warren adopted this idea of putting departments together to accomplish certain purposes.

Morris: And then between the departments you would work out who would implement which part of a given program.

Hume: That's right. I think for example, there are mental health services in both the Department of Corrections and the Youth Authority. I think this made it possible then to go ahead much faster.

Morris: When Corrections and Youth Authority were set up about the same time that the Department of Mental

- Morris: Hygiene was renamed, did people from the Department of Mental Hygiene or the old Department of Institutions staff go to those new organizations?
- Hume: If I had a blackboard, I'd put it on it for you. The Department of Institutions included these different facilities; juvenile prisons with their staffs, blind schools with their staffs, mental hospitals with their staffs. When Institutions was divided into three, the staff stayed with the facilities they had been with, only now instead of working for Institutions --
- Morris: --they had a different departmental title.
- Hume: Yes. So the people weren't shifted around. But we didn't take people from the Department of Mental Hygiene and put them over in prisons.
- Morris: The people who worked with the children's program --
- Hume: There weren't any children's programs.
- Morris: With the reform schools, continued to work with the reform schools?
- Hume: They went on with the Youth Authority.
- Morris: So that you did have this basis of personal relationships in some of these departments?
- Hume: Well I suppose so, I don't know. I wasn't around Sacramento then--that was '46, when the breakup occurred. You know under state civil service the same people continued only they worked for a new department.
- Morris: Would you like to talk a bit more about Warren and the governor's advisory committee?

State Mental Health Authority

- Hume: Yes, the first week I was on the job and I had this idea about the coordinating committee. Also that week Dr. Tallman told me two other things. One I'll just mention and get it out of the way quickly. And that was that when the National Mental Health Act was passed in 1946, that was right after the war and in setting up the National Institute of Mental Health, Congress provided in the act funds for research grants and training grants such as we use here, and for financial aid to the states to help them with a little bit of federal funds to innovate programs outside of state hospitals. As part of the act, it was in the regulations at least, if not in the language of the act itself, that the governor of each state would appoint a mental health authority to administer the federal grant-in-aid program, it was called, for mental health. And as a result of that act, I mentioned to you, the Berkeley State Mental Hygiene Clinic was established by some peculiar action in Washington. Ordinarily those funds would have been allocated locally, but before any state got around to setting up the mechanism the committee back in Washington said we want to give California money for another clinic, because they're doing such great things. It was like a reward almost.
- Morris: That's the way we always felt about it here in Berkeley.
- Hume: And I happened to be offered the job to open it up and I'm glad that I insisted that it be a training clinic because that was absolutely correct that what we needed was to seize any potentialities for training, and of course they were enormous here, in order to create more manpower. So it was very good from that point of view.
- The same act said that every governor in every state shall appoint what state department will be the mental health authority--they have a choice, if they've got a department of mental hygiene, some states still don't, they have mental health services like in our old Department of Institutions under welfare or public health.

Morris: That's interesting.

Hume: So the state's mental health authority might be a separate department of mental hygiene or it might be the welfare department or it might be a public health department. In '47, when this came to the attention of California, the Department of Mental Hygiene had just been created, in the same year, 1946, that the act was passed. The governor told the feds at Dr. Tallman's request, give us five years, until 1951, to get organized as a separate department. In the meantime let Public Health administer the funds, be the mental health authority for California.

So when I went to work in '51 in June, Tallman, the first day I was on the job, said, you know, he said, starting July 1 you're going to administer that federal grant-in-aid program, because that's the day it switches from Public Health --

Morris: And in that they'd made the designation that in 1951 the Department of Mental Hygiene --

Hume: --would become the mental health authority. And it was just that they wanted a chance to get things organized a little better first. So that same year that the act was passed, the first National Mental Health Act, the Department of Mental Hygiene was created for the first time. So they asked for a little time to get organized. So that was news to me and it turned out to be very interesting and a worthwhile assignment.

Governor's Advisory Committee on Mental Health

Hume: And it is connected with the next thing which was that Dr. Tallman said the governor is right now appointing a Governor's Advisory Committee on Mental Health. And they were working on it, he and the governor were working on it. This is June, 1951. Because they were still discussing names, I remember, and Tallman asked me if I knew this one or that one. Because he was advising the governor to some extent

Hume: on the appointments. I don't know exactly when that was accomplished, but that summer the job was completed and he picked twenty-four topnotch people.

And this was interesting because, now for the first time, the department had a deputy director and the beginnings of a program for community services. They divided the committee into two working groups, one on hospitals, they divided them in half, twelve working on hospitals, the hospital part of the program which was the traditional and biggest part of the program and twelve people to work with me on the community services.

Morris: Do you remember who some of them were?

Hume: I certainly do.

Morris: I'd like to hear about them and how they came to be selected.

Hume: Well, the chairman of the committee was Justice Turney Fox, from Los Angeles, and I call him Justice because he was in the appellate court, I think, the circuit court of appeals. I believe that's correct. Anyway it was more than superior court.

Morris: He had served on committees for the governor's conferences, hadn't he?

Hume: I believe so. I think several of the people involved had been active in the governor's conferences. He was the first chairman. There were two other judges, one of them was named William Neeley, and the other one's name slips my mind. I can picture him, you know, if he walked in I'd know him. I haven't thought of his name for years, very fine man. He came up to San Francisco to try a case where they built a very touchy case about a year ago and they felt they couldn't use a local judge. He was also from Los Angeles. Judge Neeley had served in the psychopathic court, the court of commitment in Los Angeles County. Also, I think after this committee was formed, he was in the juvenile court. It nearly finished him off, he is a sensitive and hard working guy. He is still alive, although now I think he is retired.

- Hume: One of the other important people in the committee--important from my point of view, I guess it is, because they were on my half of the committee, was Dr. Walter Hepner who must be nearly ninety but still alive in La Jolla because I heard from him last Christmas. He was already at that time retired president of San Diego State College, in '51, so let's say nineteen years ago. I'm sure he retired at a relatively young age, but he was already retired and was a marvelous asset because he knew so much from experience, also was free to work.
- Morris: This is a great necessity and hard to come by in advisory groups.
- Hume: Yes. And then we had a perfectly wonderful person on the committee Dean Arlien Johnson, dean of the School of Social Work.
- Morris: Here in Berkeley?
- Hume: No, at the University of Southern California. Also a PhD psychologist who is a great woman, Dr. Ruth Tolman. She was the sister-in-law of our great Tolman here in psychology at Berkeley. She was married to his brother who was professor of mathematics or something like that at Cal Tech. She was the chief psychologist for the Veterans Administration in Los Angeles. It was then a very important job, a brilliant woman. She was on it representing psychology. Those were the ones I think were outstanding.
- Morris: These were all from Southern California.
- Hume: Yes.
- Morris: Were there any from Northern California or from the rural mountain counties?
- Hume: I can't remember any. I think the deans of the medical schools were on the committee. There was Dean Smith from the medical school in San Francisco on the committee. The medical school was just being organized, or on the drawing boards for UCLA at that time. Anyway, the first dean of the medical school from UCLA who served on the committee was Stafford Warren. I saw him on television just the other night,

Hume: reminiscing about the atomic bomb. He was the medical head of that whole operation, during the war when he developed the atomic bomb, secret stuff --

Morris: Were there representatives of the consumer interest? Anybody from the mental health association.

Hume: Yes, there was an Ann Scherer, Mrs. Douglas Scherer, I can remember her personally. She represented the mental health associations of California. Douglas Scherer was a movie director. She was from Hollywood, in other words. She now lives in San Rafael. She's been divorced for a number of years. I've heard from her since she settled up there.

I'm trying to think. There was a psychiatrist, also from Southern California. It is odd how many were from down there, isn't it?

Morris: Yes. That's why I asked that question because Warren usually did a canny job of regional appointments.

Hume: His name was Levy, psychiatrist from Los Angeles, Norman Levy, I think that's the right name. We had someone in the committee representing the labor unions, I think.

Morris: Could that have been Neil Haggerty, of the AFL. He turned up on any number of Warren's advisory groups.

Hume: I don't think so. I know his name very well but I'm just not sure.

Morris: We're interested in your recollection of who they were and how they functioned.

Hume: The labor representatives didn't attend meetings regularly, I'll tell you that, and neither did the deans. They attended on occasion.

This committee went on and on through several governors and was modified by new appointments many times and finally died under Reagan. I think it didn't completely die, it's still there on paper but it was very apparent even before Reagan that the

Hume: committee was not being useful any more because of the way in which the governor and the Department of Mental Hygiene used it and made it into a rubber stamp committee.

At the beginning under Warren this was a very important, active, involved committee that was listened to. The part of the committee I worked with, they will still when they see me start teasing me about how hard I made them work. They said, "You were a slave driver." My idea of a committee still is that if you don't involve them then you might as well not have them. Beyond that, I just don't like the idea of using people as a rubber stamp. So my committee was terribly busy all the time. They sure called me a slave driver, with great affection in the end.

NIMH Funds New Community Services

Morris: Did you send them out to collect information?

Hume: I would give them assignments. For example, on the federal grant-in-aid program we had very little money under that program to do with, but I took liberally what Washington said on this, that these funds were not to be spent by the Department of Mental Hygiene in unilateral fashion but the department was to engage in finding out what the mental health needs of communities were and to allocate the funds out to community agencies or help create new services.

It was supposed to be seed money and later, this is parenthetical, later, I wrote a ten year report on the use of these funds and it fell into the hands of Dr. Robert Felix who until recent years was the head of the National Institute of Mental Health. He said it was the only report he ever received from any state and that we really were the only state that had taken to heart the intent of the act. He used my report to help get his budget increases through.

Morris: That must have been very discouraging if only one out of then only forty-eight units --

Hume: Well, I wouldn't say that. There were all gradations, but we really took it very much to heart that these funds were to be used outside of the state hospital system.

Morris: What kind of community agencies were granted funds?

Hume: I can dig up that old report for you. One of the things for which the Family Service Association of America gave me a citation, which is hanging on the wall out there, was they used the funds to get established in remote rural areas, where it was not possible to set up clinics because you'd never get the personnel to man them. They set up what was generally the most useful type of agency in the mental health field, namely family service associations. And we established thirteen family service associations in rural areas in California, with these funds.

Morris: As private autonomous agencies?

Hume: Yes, that's right, but meeting the standards of Family Service Association of America. That was one thing. Then we established child guidance clinics, one in Bakersfield, for example, with these funds. A wealthy family gave money for a building to memorialize a member of the family who died. But there was no money for a program and we established that child guidance clinic --

Morris: On a five year basis? That clinic does not still have federal funds, does it?

Hume: No, these funds were seed money, only to get something going and it was understood that the funds would be reduced each year or cut off somewhere between one and five years, depending upon the local conditions. We also established a film library and pamphlet library, circulating libraries, for use throughout the state. It was set up in Sacramento. It's still going strong and growing, and used, we could hardly keep up with the demand. This was a

Hume: mental health education project for the whole state.

Morris: This is interesting because some of this kind of material is usually very fine and so often it never gets used.

Hume: We've had to add to staff constantly through the years. It's grown, and is still very functional and it turned into a great big project, now funded entirely by the state. When we started it, it was my idea to do something that would be useful throughout the state. We had such little money. Do you realize that the funds would be as little as between one and two hundred thousand dollars a year.

Morris: Yes, I do remember.

Hume: I think the most important thing that came out of this was that both the community services section of the advisory committee and I found out the facts of life throughout the state. We put out a letter telling them we were now the mental health authority for the state. We had so and so much federal funds in the budget for the next year and told them what the ground rules were and invited applications, for federal funds. And we had just rafts of applications and we would make site visits and I used the advisory committee to go on those site visits. I thought this is the way the community services section and I will find out what the facts are about the needs, the unmet needs of California. It was educational. And I also used them to make the final decisions. On the grants, they made the final decisions.

Morris: Very impressive. What turned up in the grant applications that you didn't expect?

Hume: Well, almost everybody asked for a clinic but when you went into the situation you found out they asked for a clinic because they really didn't know what to ask for, that what they should have asked for was something different than a clinic. And so it was a lot of mutual education that went on. We found out by going into the communities, we found out what the real needs were, and often though almost everybody would ask for a clinic, they didn't get a clinic.

Hume: They might get a family service association or they might get--the first halfway house was established with these funds in Los Angeles.

Morris: What type of halfway house? There are now so many kinds.

Hume: This was for patients who had been for years in mental hospitals and especially VA hospitals which never had any after-care program at all for people, they keep them in the hospital almost everlastingly and then send them out with nothing. And they might be far from their place of residence because in the VA hospitals they move people all around the country depending on where the empty beds are. So that someone from Nebraska might be in a hospital in Los Angeles. A patient would be let out, he'd be long ago ready to go out, but where was he going to go? Maybe he didn't have any family left in Nebraska, or they'd be finished with him because he'd been mentally ill and didn't want him back there and where was he going to go.

So we established this place called Portals House, I think it was, the first halfway house; it was in Los Angeles, for mainly chronic schizophrenic males who had had years of hospitalization and needed a halfway place to stay. We staffed it with a social worker and a good cook --

Morris: Most important.

Hume: Yes, very. And we had them go there and live there and with the help of the social worker, they found jobs and got themselves out and independent. That was one of the early uses of the funds. That was a little tricky because the law says you can't use these funds for twenty-four hour care, but they meant by that hospital care. This was considered by all concerned to be a useful community service.

Morris: I should think so. And then the advisory committee would report back to the governor periodically?

Hume: Yes, they would make recommendations of general policy nature or recommendations for legislation, on special additional funds for this, that, and the

- Hume: other, based upon their work with Dr. Tallman, myself, and --
- Morris: Did they actually meet with Warren, and then later governors as time went on?
- Hume: Yes, they would occasionally meet with the governor or the chairman would meet with the governor representing the whole committee, sometimes the whole committee, and in later years meetings would be held right in the governor's office.
- Morris: This would be under Goodwin Knight and Pat Brown?
- Hume: I guess it started with Pat Brown, I'm not sure that we met there when Warren was governor.
- Morris: Yes. The governor's office moved, didn't it.
- Hume: It moved. And when it moved it had that space, you know. As soon as we got that space that's when we began holding meetings there, otherwise they were held either in the north or the south, either Sacramento or Los Angeles. And it would be held in Department of Mental Hygiene facilities. Sometimes, we would take the whole committee and meet at the state hospital.
- Morris: Which was also useful educational experience.
- Hume: Very. I will never forget the day we met at Spadra--Pacific State Hospital for the mentally retarded. This was actually an eye opener for everybody including my dean from my medical school in San Francisco and Stafford Warren. I drove them back to Los Angeles. I'll never forget the conversation in the car going back. They learned more in that one day about mental retardation--it was revolutionary for their thinking.
- Morris: This is interesting that you could reach this level in the medical profession with no contact with retardation.
- Hume: That's right. In fact the dean of the medical school was Smith who was a pediatrician. He became dean

Hume: after he had been for years professor of pediatrics and he had been my professor of pediatrics when I went to that medical school. He said afterwards, "I've been teaching the medical students all wrong about mental retardation all these years, and I didn't know." Really the impact was terrific.

So we met at different places at the beginning and we never met in Warren's office, because there wasn't a facility but later --

Morris: When you met, say, at Pacific State Hospital, did the hospital's advisory committee sit with you ever?

Hume: I don't remember. Those boards of trustees were all figureheads, and worse than that.

Care of Alcoholics

Morris: Care of alcoholics has been a continuing problem, I believe. Nathan Sloate, who was head of the Bureau of Social Work and expanded its program greatly, has commented that he feels this is one of the failures of the Department of Mental Hygiene.*

Would you care to comment on this?

Hume: I think the comment needs to be put in the following perspective: that the Department of Mental Hygiene really became a dumping ground for some of our worst alcoholics, where communities simply wanted to get rid of them. Because the fact of life is that nobody wants to take care of alcoholics. This is a fact, there's a real prejudice. I think--in many cases there is such a thing as an alcoholic psychosis, there are three or four common varieties, so that after long years of drinking you do have a mentally ill person. But habitual drunkenness or inebriety, or however you want to put it, is as much a social

*Nathan Sloate, "Mental Health in California: 1939-1967." An interview conducted by Alden Mills. In Bancroft Library, University of California at Berkeley.

Hume: problem as a mental health problem.

Morris: This is kind of the point that Joel Fort has been making over the years.

Hume: Well, it's not anything new. This is a fact. The jails get filled up with alcoholics every night to sober up and then they're tossed out the next morning. And it's a revolving door sort of thing. It's a terrible problem. And as a cause of highway deaths, it's enormous. My father and one of my dearest friends were both killed by alcoholics on the highway. No one knows this better than I. It's a terrible, terrible situation.

But the Department of Mental Hygiene was used-- because we had a law on the statute books that said that a judge could commit on a civil commitment a chronic alcoholic to a mental hospital. So, the hospitals would take them, but they didn't know how to cure them. Nobody knows. They did the best they could, and then they'd be out again. I'm sure Mr. Sloate wished the department's program to be improved, but my point is that unless you see in the total perspective what an enormous problem it is and now with all the other drugs, it doesn't really come home. It isn't just one department that has to play a role. It has to be an awful lot more than just a state hospital system taking care of the alcoholics. It's too late by the time they reach that stage.

Morris: Did you ever discuss the problem of alcoholism specifically with this interagency coordinating committee?

Interagency Mental Retardation Discussions

Hume: No, what we took up in the coordinating committee was--well, we took up mental retardation, that was our number one subject, because all these departments had mentally retarded in them. Helen MacGregor gave us figures that showed that in the Youth Authority forty percent of the people incarcerated in Youth

Hume: Authority facilities, forty percent of the children, were mentally retarded. And then the Department of Public Health, and then the schools, parent groups, everybody was concerned about a program at that time, a better program for the mentally retarded, not just in mental hospitals, but in all communities and through the schools. I think I mentioned to you that I think the kind of groundwork and support of that coordinating committee helped the State Department of Education to get passage of the enabling legislation for Point One and Two.*

And Dr. Tallman was being best by parents' groups. Even that early they were beginning to be very potent politically. They create a big stir. "We want services for our retarded children." They wanted day care. I remember one of the first demands was day care centers. That was such a pressing problem at that time that I think we tackled that one first.

And then the next big one we tackled was community mental health services and that eventuated in the Short-Doyle legislation.

Now, surely it was after Tallman left, and I forget who was director of mental hygiene--some director of mental hygiene came along who really didn't know what the value was of all this, and eliminated the state mental health coordinating committee. And it probably was somebody who said it is a waste of time or something. Not recognizing its value. It was probably the same director who came along and started using the Governor's Advisory Committee on Mental Health as a rubber stamp, as a committee you didn't tell things to because you wanted to manipulate them a little.

Morris: Would that be someone between Tallman and Blaine, as director?

*Sections of Education Code providing for public school classes for the educable mentally retarded (Point One) and trainable retarded (Point Two).

Changing Use of Advisory Committee

Hume: Well, Blaine never used the committee. He was one of those who had no use for the Governor's Advisory Committee on Mental Health. A lot of people see such committees as the do-gooders who bring down a director, and cause more problems than not, and they don't want to be hampered. And I must say there is always that, that it's a real hazard. You know, I always took the position everybody's always for appointing advisory committees. Now I say, better not to have an advisory committee if you're not going to use them properly. Let's not pretend. You do it or you say I don't want to be bothered, because I'm not going to use them and they'll just be a handicap or at best a rubber stamp. So why have one? Why fool around and waste time? That is a waste of time.

But there were many administrators who don't want to have one because if they let them be powerful, or if they really use them properly, they won't be able to be quite so autonomous. You lose some autonomy when you've got a committee that you respect and utilize. I always said, don't ask the committee to take a stand and advise you on a specific point, unless you're prepared to take their advice. You can ruin a committee if you ask them their advice and then never take it.

Morris: In your experience how often does an effective advisory committee come up with something that you're not prepared to accept? Or follow through?

Hume: Well, it depends on how active they are. When we say this particular committee, once out of every twenty-five recommendations, they recommend something that I really don't want to do --

Morris: And how do you resolve that kind of situation?

Hume: Sometimes you do refuse, but you refuse not on personal grounds, but because higher powers or laws do not make it possible for you to accept the recommendation. You see, there are cases where a

- Hume: committee will recommend something which sounds pretty good on the surface, as far as the committee has gone, but they don't know that you can't do that for one reason or another. You really can't. All I'm saying is that I don't think an administrator who's got an advisory committee, and supposedly is working with them, should be unprepared to set aside his own whims, let's say, or personal desires.
- Morris: What you describe sounds similar to recent federal legislation requiring citizen participation. In other words, public servants of one variety or another are now being increasingly asked to function with members of the public.
- Hume: That's right. My basic principle from start to finish, as far as my administrative work was concerned, was to say when you're using public tax funds, you're operating in a goldfish bowl. And, we want to have representatives of the public know and understand everything we're doing--and whom we can listen to. And you almost always can do better if you take their advice. Sometimes, they'll advise something which you simply can't do for good reasons. But I don't think it should be on personal grounds, because you personally have another pet idea in mind. If you have not been able to persuade them, maybe you should think that your pet idea wasn't so good, because you always have a chance to tell them what your own ideas are--and work it out or reach some sort of compromise, modification.

V HOSPITAL FUNDING AND LICENSING

Morris: Did the Governor's Advisory Committee on Mental Health have any contact with the Hospital Advisory Committee, which was appointed in 1946 to survey all California hospitals and then requested to approve all requests for federal Hill-Burton funds for construction?

I was thinking of consultation on the need for funds for mental hospital buildings.

Hume: The state hospitals in California have never used any Hill-Burton funds because they were not available to them.

Morris: I thought I had read that the Hill-Burton Act specified that the funds were to be available for general hospital and mental hospital facilities.

Hume: Well, they were used occasionally for mental hospital units connected with general hospitals. The first example in the state of California is right next door to us here. You can go out the front door here and I can show you the building.

Morris: At Herrick?

Hume: The new seven story wing of Herrick Hospital. Now Herrick requested that. You know on the Hill-Burton it's one-third local money. The agency asking for Hill-Burton funds puts up a third of the cost. One-third state and one-third federal, that's the Hill-Burton pattern of financing.

Hume: The reason is obvious why the state hospitals couldn't get this Hill-Burton funds, it's because there's no local third, no local component, so it's one hundred per cent state.

Morris: Is this the wing that is now being planned for Herrick or is this the original mental health inpatient unit?

Hume: Well, let me put it this way. Up until 1949, there was no general hospital in the state of California that had a psychiatric ward except the old Stanford Lane Hospital in San Francisco which had thirteen beds for teaching purposes for a number of years. And then Dr. A. E. Bennett came to California from Omaha where he had pioneered a psychiatric general hospital and using existing space at Herrick opened a ward to do that.

Morris: How did he happen to pick Berkeley?

Hume: I don't really know. You could ask him, his office is across the street, but I don't know how he happened to pick Berkeley. I really couldn't answer that question, but the fact is that he came in '49. It went pretty well except that they were crowded and they needed more space so the hospital raised money and they applied for the Hill-Burton to build that new unit. This is in the early 1950s.

When they passed the Short-Doyle Act, it gave a great boost to this by saying that the inpatient twenty-four hour services under Short-Doyle must be located in general hospitals. So that we now have a tremendous number of hospitals applying for the Hill-Burton and opening psychiatric units. I don't know how many there are now.

Morris: That's a very nice maneuver.

Hume: Yes, it would be nice if it worked better--I was real wrong there. But let me tell you there was another development which is part of history and it should be in the records. That is when Rosanoff was director--he not only, along with Langley Porter, started the neuropsychiatric institute and that meant additional outpatient facilities and trained

Hume: researchers--but he also created the Bureau of Social Work and appointed Nate Sloate in 1939 and he developed that so that when patients left the hospital there would be social workers in their own communities to help them and their families make the adjustment back to community life.

The third thing he did was to set up a licensing office for private psychiatric beds. He started this in '39, he used a physician in the Los Angeles office of the department to take charge of licensing private psychiatric facilities and they are different from the private rooms in general hospitals, these are separate mental hospitals.

Morris: Don't most of them serve mostly alcoholic patients?

Hume: Now that's not true at all. I think most people don't know this and it's very important that there are more private beds in the state of California even before we built the ones in general hospitals, more private beds for mental patients in California than public.

Morris: Including the state hospitals.

Hume: Yes. That's what I am saying. This is an astonishing fact, and has been for many long years even though now we have drastically reduced the number of state hospital beds to almost absolute minimum.

Morris: Do we count the Veterans Administration beds in this state?

Hume: No. Those are public beds. Those are federally financed. I'm talking about private enterprise. Private enterprise operates more psychiatric beds than all public beds put together in the state of California.

This started under Rosanoff in 1939, the licensing. The Department of Mental Hygiene was given by the legislature the function of licensing private psychiatric facilities. There are all grades from nursing homes up to the fanciest and most beautiful private mental hospitals, very expensive and so on.

- Hume: Then to that if you add the encouragement of the establishment of psychiatric wings, wards or divisions of general hospitals, you have now I don't know what the latest count is but probably three to one. Three times as many psychiatric beds outside of the state hospital system as in the state system.
- Morris: This is sort of a staggering total in terms of numbers of people ill.
- Hume: Yes. Of course, mental illness and mental retardation still constitute the major public health problem.
- Morris: When you were taking over administration of the mental health authority from the Department of Public Health did you work at all with Dr. Zimmerman who had run the mental health program for them?
- Hume: Well, I had been on the advisory committee to Dr. Zimmerman so I was a little bit acquainted with him and what he did. And then the whole administration was turned over to me and I did it in an entirely different way.
- Morris: Did they continue any mental health service within their framework?
- Hume: Well, it depends on what you want to call it. They have a Bureau of Mental Retardation and they had a Bureau of Hospitals which provides Hill-Burton funds. Of course that Bureau of Hospitals, I laughed when you said they made surveys of needs because the way they counted beds was absolutely incredible. I used to go every meeting and protest, year after year. I mean they would have, let's say, Alameda County as a high priority for some beds and that would be the basis for granting the funds to Herrick. They had this worked out mathematically, but they could never see a place that had enough beds according to their figures so that they had always priority to receive new money. Might not have any facility that would take a child or an adolescent, and this is what's happened, everybody's suddenly waked up to it now, we have practically no way of taking care of children and youth.

Morris: For any medical problems?

Hume: I'm talking about the field that I'm really competent to speak for, which is as far as psychiatric problems are concerned.

Morris: This was the committee that Dr. Gilman was chairman of?

Hume: This was called the California Hospital Council. It is appointed by the governor so it's all political appointments.

Morris: There is also a Bureau of Hospitals in the Department of Public Health.

Hume: Yes. But they did the staff work and they'd report what they liked to and they would report perfectly invalid things. That's why I would go and protest. Their figures really looked beautiful but you know it was business manager types that put this stuff together. They didn't care about programs or people. The fact that their figures enabled them to overlook the needs of whole sectors of the population wouldn't bother them, of course. So I was always making myself very obnoxious, I guess. "Mr. Chairman, may I speak" and I would go right on and protest as a regular thing. I was trying to do something about this.

Morris: It sounds like it didn't make a dent. Was Dr. Gilman chairman or on the scene.

Hume: I don't remember Dr. Gilman.

Morris: Well, I'm thinking of 1947 when the Hill-Burton Act required every state make a survey of its hospitals and a doctor named Gilman who was president-elect of the California Medical Association turned up in the State Department of Public Health in charge of the survey. He was there for several years.

Hume: He went to work for them.

Morris: For the State Department of Public Health.

Hume: No employee of the state was ever chairman of this California Hospital Council. That was the citizens

Hume: group appointed by the governor. The people who worked for the Department of Public Health in the so-called Bureau of Hospitals, which still exists, they were simply staff to the commission. They never chaired it, or did anything like that. He was undoubtedly bureau head but he wasn't at all chairman of this council.

VI COMMUNITY MENTAL HEALTH SERVICES LEGISLATION

1953 - Trial Balloon

Morris: Are there any other matters concerning mental health services that you would like to get in the records?

Hume: I would like to get this in the record that starting under Earl Warren and Dr. Tallman's administration of the Department of Mental Hygiene, we laid the groundwork with the Governor's Advisory Committee on Mental Health and through the state mental health coordinating committee, for the kinds of fact finding and planning which was formulated very quickly as the Short-Doyle Act.

Between 1951 and '53, I learned enough to know that we had to have community-based programs. I wasn't sure whether the legislature representing the people of California would want to do it, which way they would want to do it. It could be most economically and efficiently done as a state operation, but I had a feeling that the services would be much more valuable to communities if the communities ran the programs with the state subsidy.

So we put up a trial balloon in '53 (that's pretty early on) called the Abshire Act, he was a senator from Sonoma County. This trial balloon was a miniature Short-Doyle Act but it wasn't a comprehensive program it was simply on the subject of outpatient extra-mural type of diagnostic and therapeutic care for the mentally ill. And the legislative committee reviewed this bill and they really gave me the answer that I wanted, which way

Hume: they wanted to go. The bill provided for state subsidy for locally operated outpatient types of mental health services. I raised the question with the legislature, do you want to do it this way or do you want the state to operate statewide programs in the communities outside of mental hospitals. They said we want to have the state subsidize locally autonomous programs. So then we went back and worked on the Short-Doyle Act and presented that to the next general session. We had a chance every two years in those days.

1955 - Right Wing Opposition

Hume: In '55 the first version of the Short-Doyle Act, which was the same as the final version, passed the assembly unanimously. By then I had sixty statewide organizations backing the act and it passed the assembly unanimously and then it died in the Senate Committee on Governmental Efficiency.

Morris: That's where many things die.

Hume: Well, that was not on the basis of the bill, which was really very popular, but the California Medical Association lobbied against the bill, privately, with the senators on that committee saying that Dr. Rapaport and I were dirty communistic Jews. We should be run out of the state of California. (sigh) So it died in committee on the senate side. Now this is despite the fact that the very first organization we asked to review the legislation, eight months before it was introduced was the California Medical Association. And the people who said this knew perfectly well they were lying in their teeth. I was a charter member of the organization whose representative said this and I knew people who were saying this personally, you know. I knew they knew it wasn't true but it was the right wing faction of the California Medical Association.

Morris: This was the same argument they used on state supported health insurance legislation ten years earlier in '45 and '47.

Hume: Yes.

Morris: Was Ben Read still their lobbyist?

Hume: Yes. I've known Ben Read from the time they started that organization.

Morris: He's from the Napa area, isn't he?

Hume: No. San Francisco. But that year the chairman of the legislative committee of the California Medical Association was from Napa. And he was the one who always embraced me and kissed me and introduced me to everybody as someone he'd held in his arms when I was a baby. He opposed even a public health department for Napa County. This was Dr. Murray, still alive.

Morris: Ben Read, is he a doctor?

Hume: No. He is a paid lobbyist.

Well, anyway let's come back to it. Where were we?

Morris: In 1955 the Short-Doyle legislation passed the assembly and died in the senate.

1957 - Short-Doyle Act Passes with Broad Support

Hume: Then we came to '57. The bill was tabled in the spring of '55. That autumn a very interesting coincidence occurred. American Psychiatric Association reorganized and it formed district branches in all the states. California was so big that they formed three branches in California. For the first time psychiatrists had a powerful national organization back of them. We had psychiatric societies but they were local efforts, they weren't part of the American Psychiatric. Now, we became organized as part of the American Psychiatric Association. So what we did was to use this new political power to persuade the California Medical Association first to appoint a

Hume: mental health committee which they'd never had and to study this legislation.

By '57 the CMA introduced the Short-Doyle Act as their bill, hardly a word changed, exactly the same measure. And that time it passed both houses, unanimously on the assembly side, with only three dissenting votes on the senate side. But the groundwork for this was all laid under Tallman and Warren. And by this time Warren had left, Knight was in as governor and he of course is the one who signed the act.

Morris: That is a nice picture of the signing; I like that. Who were the other gentlemen?

Hume: That's Senator Short. Next to him is Senator Doyle. On my right is Dr. Rapaport.

Morris: I've never seen a picture of Dr. Rapaport. For some reason I thought he was tall and dark.

Hume: He's a very fine man. He's a very old style administrator. He came in as director of mental hygiene following Dr. Tallman. Well, for a very brief period Dr. Tallman's deputy in charge of hospitals, Dr. Crawfis, was interim director, but that was just to keep things going until the governor decided who to appoint as director of mental hygiene. Dr. Crawfis was a very fine man but he went back to Ohio where he came from, where Tallman came from. He just filled in until Rapaport was appointed and--this is amusing. Rapaport and I were in Knight's office one day while the hearings were going on--all kinds of charges were being made and Rapaport asked me if we shouldn't answer some of them. Well, you never saw anyone so upset as Knight was at the thought of this kind of argument going back and forth in public.

Morris: Did you answer the charges?

Hume: I told the governor don't worry, you know, we'll hold the governor's hand so he wouldn't collapse under the attack at the hearing.

Morris: Several interviewees have told us about Knight's nervousness whenever there was anything that looked like a crisis.

Hume: We never testified in favor of this bill. We gave all our time to the opponents, because my policy was let them talk it out. I trust those legislators to make their own evaluations. You know, they just marched on Sacramento, the right wing opponents did.

Morris: This is beyond the medical association.

Hume: By this time the medical association was for us. They had introduced it as their bill. We let them do that, of course, that was great.

But in '55 Dr. Murray would sit with the communist plot people, right wingers. He sat with them at the hearings. They were all his friends. In '57 he had already achieved his life's goal which was to be president of the American Medical Association. While he was president, he had been out of California most of the time, and the legislative committee chairmanship of CMA changed while Murray went to larger fields. So Murray took a back seat in '57 and he didn't come up and sit with the Minutewomen. But we were just deluged by them in Sacramento. By that time by letting them talk enough, the legislature, except for three senators, decided that they were all wrong, that they were screwballs.

Another thing that should be in the records is that Dr. Hepner, who I told you earlier today was one of the original members of the Governor's Advisory Committee on Mental Health between 1955 and 1957, organized an ad hoc committee in support of the Short-Doyle Act. He was chairman of it, and this committee represented sixty statewide organizations. So he played a very crucial role, for which he was prepared by his service on that advisory committee, in the passage of the Short-Doyle Act. Because you understand that the advisory committee reviewed all of our plans for the legislation and supported it.

Morris: That's rather a fantastic community organization job right there, to put together sixty statewide organizations.

Hume: We really had so much support I didn't know how much it was. It would come to me as a surprise. One day I was in Sacramento and the act was going through

Hume: committees, in 1957, and I received a call from the then president of the state AFL-CIO organization, chairman or president. He said, "We're having a meeting over at the Senator Hotel. This was mid-morning. Before we break up for lunch, I'd like to have you come over and meet the representatives, statewide committee of the AFL-CIO. I said, "Oh, thank you. I've never met this group and surely would like to come over and meet them and say a few words." So I walked in and here was this large meeting going on. They were sitting around a big table, about thirty representatives of labor in the state of California, top echelon. Labor council, I guess they were called.

And he took me and introduced me one by one to each one, took me around the table. When he was finished I said, "Before you break up for lunch, could I have five minutes of your time to tell you about the Short-Doyle Act in hopes that you will find it possible to support it." I had met with certain labor unions, but never with the whole council. Like the longshoremen were for it, I knew, but I didn't know what the total organization position was.

They laughed, they said, "We'd be glad to have you say anything you want to, but we're way ahead of you. We've been studying this and we're already taking action. We're supporting it a thousand percent. We will have representatives at every committee meeting. They may not say anything, but the members of the committee will know they are there in support of the bill."

Important Personalities

Morris: I have another question to ask you, which you may decline to answer if you like, about Governor Warren. He has been a very controversial figure over the years and I wondered from your experience of him and of American patterns of thinking, if you have any theories or comments on how he could go from the support of

Morris: Japanese exclusion in the '40s on through to the very broad-minded decisions he made on the Supreme Court.

Hume: I don't know his personal history well enough. Except remember I told you at the beginning of our first interview how I met him at my house. My Husband at that time was fighting the Japanese Exclusion Act, lobbying, had an organization which was set up by Wallace Alexander to alter the Japanese Exclusion Act. I don't remember hearing my husband discuss this at this dinner party with Earl Warren but I am sure he had many talks with him about this.

Morris: Is Mr. Pfaff still active?

Hume: Yes, he's retired from the bench. He's a retired judge. He lives at Huntington Beach.

Morris: Did he continue to work in this field of law?

Hume: I don't think so. He didn't practice law too long. After he left the legislature, he was in full time private practice in Los Angeles in a big law office. But not too long after that, he was appointed to the municipal bench. He's been a judge ever since. Most of his professional career was spent in being a judge and he just retired.

Morris: Would he have been appointed by Warren?

Hume: Yes, I would guess. He was a municipal court judge for only I think two, three years then he went to superior court. I don't think he was appointed by Warren. He's a Republican. He might have been appointed by Knight. I know he wasn't appointed by Brown, so it must have been Knight who appointed him.

Morris: This business of Japanese exclusion is one we are also going to be interviewing on so we're looking for clues which may help future historians solve this riddle.

Hume: I've never gone through my husband's files. There must be lots in those files on this stuff.

Morris: Would you consider --

Hume: If I ever find anything, would you like it?

Morris: We'd like it very much. I know that Bancroft would be very happy to have any papers that you wished to deposit, either of yours or your husband's.

Hume: When the new offices were built, the new wing was built in the capitol and Senator Short moved his office. He turned all of his files on Short-Doyle over to me. I have them stored here.

Morris: We would love to have those.

Hume: Also at that time he was chairman of the Senate Interim Committee on the Treatment of the Mentally Ill and they published a series of reports. I have all the minutes and all the correspondence on that when they were just giving Dr. Rapaport a bad time with the state hospitals. I think I mentioned to you this was going on at the same time we were working together on the legislation.

Senator Short said they were going to destroy the papers and asked if I wanted them; so I said give them to me please. I have at home a lot of the early working papers.*

Morris: I have a couple of other people questions on the Short-Doyle legislation. Senator Short is still in the legislature, but one doesn't hear of Donald Doyle.

Hume: Mr. Doyle didn't seek re-election to the assembly after his term was finished in which he co-authored--presented--the measure on the assembly side. He had come out of the insurance business and his constituency was in Lafayette. He returned to his insurance business and told everyone at that time that he had a family to educate and so on. He was quite young and didn't have lots of capital, and he simply had to, he couldn't afford to go on in the state legislature, he had to go back to business. He's

*In 1973, arrangements were under way for the deposit of these papers in Bancroft Library.

Hume: become now, one of the most respected and important insurance people in this area.

He has offices in Oakland, San Francisco, and he heads up--I don't know what company, but a big insurance outfit. He has not vanished, he just returned to business.

Morris: Good.

Hume: He's a marvelous fellow. His picture is right there ahead of you, the large picture.

Morris: With Goodwin Knight and Dr. Daniel Blaine.

Hume: Signing the Short-Doyle Act. And Mr. Doyle is second from the right, and Senator Short is on the right.

Date of Interview: October 12, 1971

VII DEVELOPMENTS IN STATE MENTAL HEALTH
ADMINISTRATION

Ten Years of the Short-Doyle Act

Hume: You know, on the tenth anniversary of the Short-Doyle Act (did I tell you this?) down in Los Angeles, there was a big party at the Senator Hotel. And the honored guests at the party were Governor Knight and Senator Short and former Assemblyman Doyle and myself.

Morris: How nice!

Hume: There were over a thousand people there--oh, it was a very fancy affair--and they had a famous master of ceremonies and the Golddiggers for entertainment, and a marvelous orchestra.

Morris: And how did you feel looking at your offspring ten years later? Had it done what you set out to do?

Hume: Well, you know, at the time, in order to make this a reasonable proposal of what was in effect really a drastic change in our approach to the prevention and treatment of illness in California, I had stuck my neck way out and presented the Short-Doyle program as an alternative to allowing people to become chronically medically disabled, and having to be committed to state hospitals, and said that, not immediately, but depending on how rapidly the program grew, there would come a time when it would begin to have an impact and reduce the state hospitals. We had 36,000 people in state hospitals at that time.

Hume: And we estimated with the exploding growth of the general population, California would have to build 2500 new beds each year--and staff them.

And I could tell them how much that would cost. And so I presented this alternative as not being any less costly, but that it would treat people close to home and would be a much sounder, broader approach to the whole problem of mental illness, and that it would reduce the state hospitals. And I told them so as to be completely voluntary on the cities and counties as to whether they would come into the program or not, that originally they would only have to put up half the money, you see? It wasn't mandatory.

Well, everybody said, "You're really sticking your neck out on this," and I told the legislature there was no experience anywhere to prove my point, but they believed that this was possible and they passed it for that reason.

Well it's gone beyond my wildest dreams because now it's--'57 is when it passed and it went into effect in '58--that's thirteen years. Instead of having to increase our state hospital beds, we've reduced from 36,000 at that time to 12,000 as of now.

Morris: It doesn't seem possible, it really doesn't.

Hume: Just thirteen years. This was not the main argument with the people of the state, although it was part of the presentation, of course. They were interested in having lots of different kinds of treatment, not just hospitalizing people by court commitment, and having local programs available for children and for the retarded and so on, and so the whole program was sold to the people on a much broader basis.

With the legislature, you had to talk in terms of what the state was paying for, at that time, and what changes would take place.

Morris: Was Frank Lanterman a part of the early legislative effort?

Hume: You know, half of the legislature--over half of the senate and over half of the assembly--co-authored

Hume: these bills. Lanterman was one of the co-authors along with Doyle of the original legislation. He was always on their budget committee. I knew him very, very well. He was always hearing mental hygiene budgets. He supported this completely. He wasn't taking leadership at that time.

Morris: How did he come to emerge as the leadership figure?

Hume: That's very easy, you know. Since Short-Doyle has been such a roaring success, it's become the larger share of the state budget. It's eighty million dollars a year now, the Department of Mental Hygiene budget. It's greater than the department spends on all of its hospitals and everything. It's very popular and big business and it's got lots of voter appeal.

Morris: So that Lanterman's interest is primarily political?

Hume: No, I wouldn't say that, because Mr. Lanterman is one of the oldest legislators up there, and he's always been on the Ways and Means Committee, as far as I can remember, which is a long time, and he's always been assigned to the Department of Mental Hygiene budget. He and Dorothy Donahoe who was the assemblywoman from Kern County who died prematurely-- always sat on the budget subcommittees of Ways and Means on mental hygiene. They were always for improving services. He's been devoted to trying to do things that were on behalf of the mentally ill and the mentally retarded.

It is, with the Republican governor in, an opportune time for him to make hay.

Lanterman-Petris-Short Legislation: 1967

Morris: So that's why he emerged as the spearhead of the revisions in 1967, that emerged as the Lanterman-Petris-Short Bill?

Hume: Well, that has nothing to do with the Short-Doyle Act. He had produced legislation to change the

- Hume: commitment laws. His objective, he said, was to reform the courts. He didn't change the Short-Doyle Act. He added to our California mental health act a new section called the Lanterman-Petris-Short. The Short-Doyle Act is still there, and what his legislation is addressed to was not the same thing as the Short-Doyle Act services.
- Morris: I thought it ended up as an omnibus kind of a bill that included various protections on civil rights.
- Hume: I'll explain that to you if you want me to. Mr. Lanterman's bill was first the Lanterman-Petris Bill introduced by Lanterman and Petris, a Democrat, a senator from our county.
- Morris: Alameda County, yes.
- Hume: And what they did was to say we should abolish these terrible commitment laws, and substitute a whole new court procedure in place of commitment. Now this was propagandized on kind of false grounds. It was stated that the commitment laws were being abused, which was really not true, because by the time they passed the bill, 85 percent of all state hospital admissions were voluntary. So you didn't need to abolish the commitment laws to get rid of commitments. We have just as many commitments now as we had then, because the courts can get around it. A court can still commit someone for committing a misdemeanor or a felony, so if you wait for someone to commit some destructive act toward himself or the person or property of others and try the case on those grounds under the penal code, then the court can commit.
- So we have just as many commitments now as we had. We knocked out whole sections of the code which talked about civil commitments of the mentally ill, and substituted a new procedure which has some very serious drawbacks.
- Well, they couldn't get that bill out of committee. That was Lanterman. And it had been before two or three sessions of the legislature and there had been public hearings in between all over the state. The measure was amended. I've never seen a measure that was so badly written. It was rewritten

Hume: hundreds of times.

Morris: Yes, I remember.

Hume: It was stuck in committee and the legislature was about to adjourn. They stopped the clock at 11:00 p.m. What to do? Well, Senator Short had introduced a bill that was just one paragraph long. It was a very minor thing amending one word in some code that had to do with mental illness and I forget just what. It was out of committee and was about to be passed at the eleventh hour. Lanterman and Petris tacked their bill on to Short's one paragraph bill, and that's how it became the Lanterman-Petris-Short bill. Actually Short didn't have anything to do with it. They got it on the floor for a vote by this gimmick.

Morris: Did Mr. Short object to this procedure?

Hume: Well, he didn't object enough. In the heat of the moment, he didn't really have time to consider what was happening. And of course they said, "This will make you famous. Your name will be on it now. Instead of Lanterman-Petris bill it will be the Lanterman-Petris-Short Bill."

"It's a good thing," they told him, "and we'll get it out on a motion."

So he let them do it. Now I think he's had second thoughts since, but that's how it happened. It didn't have anything to do with the Short-Doyle Act at all.

Morris: I'm glad you cleared that up because I was aware that it had been revised many times.

Hume: Its revisions created a situation in which it was required as part of the new procedure that before any county resident could use a state hospital, they must be cleared by the Short-Doyle program--evaluated, and the director of the program must recommend to the court that this be done. This was part of it.

One System, One Budget

Hume: So the department then came up with the marvelous idea--which is quite a false idea--of one system, one budget. Put the state hospital budget and the Short-Doyle budget all together. Which of course was not working and was just a slogan, but that's another way in which the public (like yourself) thinks Lanterman-Petris-Short has superceded Short-Doyle.

But if you read the code, it's called the California Mental Health Act of 1967. Part I is the Lanterman-Petris-Short Act, and that deals only with the new procedures for caring for the involuntary cases--just the involuntaries--to replace the commitment laws.

Part II is the same old Short-Doyle Act. They're combined under what's called the California Mental Health Act of 1967. They are related. As I say, the new procedure to take the place of the old court procedures in the previously existing commitment laws makes the Short-Doyle programs party to this new procedure. This is where the rub comes in, because these are involuntary cases, and the law mandates that the Short-Doyle programs must perform these functions, and it happens to be the most expensive function, and it takes the first top right off their low budgets. So others have had to be cut back in order to be able to comply with what is mandated about the involuntary cases. The involuntary cases have a top priority, so it's affected the Short-Doyle programs badly.

Morris: Did you also say that before anybody makes any use of the state hospitals even as a voluntary patient, they have to go through the local Short-Doyle procedures?

Hume: Yes. That's right. The Short-Doyle people have to do all the diagnosing, screening, and court procedures for the involuntary patients and that's where the expense comes in, because this they have no choice about. Therefore, by mandating this procedure and

Hume: making the Short-Doyle programs do this you, in fact, created a situation in which the state sets the top priorities for the local programs.

One of the beauties of the Short-Doyle Act previously was that the priorities were set locally. Each community knew that it had a given amount to spend, it could decide what the priorities were. Now it can't. They've got to all do what is mandated under Lanterman-Petris-Short because we don't have any other way of taking care of involuntary patients in the state of California.

Morris: Didn't the Short-Doyle part of the Mental Health Act of 1967 require that all counties participate in a Short-Doyle program?

Hume: They tried to do that but it didn't work. No, it's any county of a hundred thousand population. If they are a smaller county, then they don't have a Short-Doyle program. Incidentally, every county--no matter how small--has a Short-Doyle program except one.

Morris: Who's the hold-out?

Hume: The hold-out is, I think, over here in the Sierra Nevada. Yes, it's Nevada County. But every other county has it. They tried to do that but actually there was opposition, so it wasn't mandated. But where a county doesn't have Short-Doyle, then the county has to contract with the nearest state hospital to do the screening for it. Then they have to pay ten percent of the cost to comply with the law.

Morris: Very complicated.

Would you like to wind up with any kind of summary comments about the state of California mental health services at this point in time? Where you think we're going?

Hume: We really started at another angle today, and kind of got into this. I do feel that--I think there are lots of very current issues and questions that need to be raised about where mental health services are

Hume: going in California. But that's another big subject.

Morris: Are you going to be doing some writing on this now that you've got some time?

Hume: Right now, I have a deadline this week to complete a chapter for a book on mental retardation, and I've been commissioned to do a monograph by the Institute on Governmental Studies on the administration of mental health programs in the San Francisco Bay Area, and I've been just unable to do that. It's been hanging fire for years. I understand they still want me to do it.

Morris: I should think so!

Hume: If I get that done, or in connection with that, we'll go in to a good deal of past history. I think some day I'll do an article just on the development of mental health services.

Organizational Overload

Morris: It's certainly fascinating in itself and also, I think, an example of how so many other public services have developed in the last fifteen or twenty years.

Hume: Very briefly, what I'm most concerned about now is a kind of way in which history sometimes repeats itself. You remember I told you that when Earl Warren came in as governor, he found what he thought was (and I agreed) too big a Department of Institutions that had in it the women's prison, the reform schools, the mental hospitals, and care for the feeble-minded. He broke that up and he made the Youth Authority and the Department of Corrections, the Department of Mental Hygiene. He broke it up.

Then each one of them has gotten bigger and bigger as the state has grown. The legislature has already passed the governor's recommendation that we create a single, enormous bureaucracy called the department of health. It's going to have everything in the world in it: rehabilitation, public health, mental health,

Hume: and bits and pieces of other programs that are now in other state departments.

I feel this is a real step backwards.

Morris: In terms of responding to individual needs?

Hume: Or in terms of coordinating efforts, you don't do coordination by fiat--by making a superagency dictating to all these others. It's just going to be a colossal bureau--something like fifty thousand state employees in it. You know, it's just too big to manage in any way that would really, possibly, serve the public. We should be going in the opposite direction, getting more departments with less people in them and less bureaucratic structure.

Morris: Isn't one of the arguments for it that it will be more economical? That it will cost less to run something with a greater umbrella?

Hume: No, it can't cost less, because you know the Peter's principle operates in bureaucracy--it gets bigger and costlier.

Morris: Well, I admit that's the way it looks to a layman.

Hume: Well, people who are management experts will tell you this.

Morris: I've heard it from engineers whose work is with steel and concrete. Is this a political --

Hume: It becomes a kind of monopoly, you know, a state monopoly on health. It's going to have everything in it: Medicare, MediCal, programs for the retarded, rehabilitation of all kinds, public health, mental hygiene--all kinds of specialized programs for the handicapped like the blind, the deaf and mute. It's just going to be a colossus. I'm sure some administrative overhead will be eliminated, but the history of such supercolossal organizations is that they proliferate themselves once they get established. So while you might start off with being able to show we've eliminated some administrative overhead by doing this, it won't last very long. Just the communications problems!

- Morris: You could spend forty hours a week just communicating pieces of paper up and down the line to all the supervisors in such an organization.
- Hume: Just handling the paper!
- Morris: I must say I agree with you. What could be done about it?
- Hume: Well, I suppose we can elect a new governor some day and institute some new policies.
- Morris: As you say, it's a very curious state of affairs to be in.
- Hume: You see how I can see it so easily as repeating the pattern.
- Morris: This has occurred to me, too, because I think that one of the wisest things that Warren did was to sort things out into manageable groups with a fairly clearly defined function.
- Hume: And the Department of Mental Hygiene under some quite liberal directors--a succession of them in recent years--was quite unpopular when Danny Lieberman and I started promoting it, but nevertheless we succeeded in decentralizing even the Department of Mental Hygiene into five regional offices, because you can't keep in touch with the programs for which you're responsible out of Sacramento.
- Morris: No, not as they get more detailed.
- Hume: So we were actually cutting way down on the central functions of the department--a few of which have to be preserved for certain reasons--but decentralizing most of the functions. That was part of the Short-Doyle concept, you know. Starting out with three regional offices for the management of Short-Doyle--Sacramento, Berkeley-San Francisco area, and Los Angeles. Now it's grown to five. It could easily grow to more. It should, as the programs develop, because the only way in which you can have an effective partnership between the state and local governments is by decentralizing. A real partnership, not just one on

- Hume: paper which just means nothing, practically.
- Morris: This again is a very tricky matter of personal relationships and personnel administration, I should think.
- Hume: Yes. It means really working together on a daily basis. I just don't think creating big central monolithic structures like one big health department with forty or fifty thousand employees in them, is going to be able to do this.
- Morris: I'm thinking that when we finish this Earl Warren series that it would be a great service if we took sections from a number of interviews and put together a handbook of efficient state government, because there seem to have been many things that Warren was trying to do very effectively in terms of the people he brought together and how he let them work together and at the same time keep in touch with each other.
- Hume: His appointments were all so sound. He had the best director of finance this state has ever had. Of course, this was because Warren knew how to pick people. He knew when someone was going to be able to really be responsive to basic important needs where the state played a central role. We've never had it before or since, a director of finance who functioned that way.
- He was so good that way. He created these expert committees to advise him; and he just got the top penologist in the country. He brought Richard McGee to head up Corrections.
- Morris: He had an institute in Sacramento doing studies on the whole field of administration of justice --
- Hume: Warren has?
- Morris: No, McGee. Warren kept on working on improving administration of justice all through his years on the Supreme Court.
- Hume: Yes. A little over a year ago, McGee came and gave seminars for me at the Center for Training in Community Psychiatry. I remember the last time that I talked to him he was just initiating this project.

Hume: Incidentally, there's a report long overdue--it was due last April to the legislature on the affect of Lanterman-Petris-Short. But a terrible thing was done. The money was obtained to do this so-called research and the chief investigator is the technical advisor to Mr. Lanterman, who wrote the legislation.

Morris: That's unfortunate.

Hume: Well, there was such a scandal about it. First of all, the National Institute of Mental Health held up the grant for five months, so they got started late. Then they gave it, but they objected on these grounds. Then he got out of it and someone else became the titular head. I like this man very much personally, and I was talking to him not too long ago, and he told me that he really is the head of it. They didn't get it ready to meet the deadline. They were supposed to present it in April, but he said they would present it in September. As far as I know it hasn't appeared yet. He said he was doing the last part of it. I talked to him about a month ago.

Here again, here's a fellow with whom I disagree violently, but that doesn't mean that we're enemies, or that I dislike him or that I won't talk to him--like my father--our philosophies, our approaches are just so different. I couldn't disagree more with him, but I respect him and like him as a person, and I've helped him out on a number of occasions, and vice versa. He's willing to do something that I ask him to do me as a favor; he'll do it. We get along fine on a personal basis [laughter]. He knows where I stand perfectly, you know. We don't fight about it in a vicious way. We just have different --

Morris: On occasion, you must convert each other on one point or another or no changes would come about.

Hume: Well, he always says that in the first public hearing on Lanterman-Petris-Short that I converted him to a major change.

Morris: Good!

Hume: And he always reminds me of that. [Laughter] I don't

Hume: say it, but I smile and say I'm glad I did that. I say, "I hope you are satisfied, too, it was a good bill," and he always says, "yes." But what I want to say is, "Gee, I wanted to change a lot of other things, too!" [Laughter]

Date of Interview: October 12, 1971

VIII PERSONAL LIFE

Theodore A. Bell: A Father's Influence

Morris: Your father was an important man in Democratic politics. What can you tell us of his campaign for governor in 1906?

Hume: I remember his last speech of that campaign very well. It was a night meeting, and he spoke on the steps of the courthouse. He conducted a long, hard campaign speaking all over the state, and in those days, of course, they didn't have amplifiers or anything. He was extremely hoarse and had bad laryngitis. It was painful to try and hear him talk. I remember that, and my mother's concern about his health.

It was very difficult. He had to travel by train or automobile and it was very time-consuming and arduous. They were all, of course, live meetings or live audiences and no amplification. He had a good speaking voice. He was an excellent speaker, but he eventually lost it. I remember that final speech.

Morris: Did he think that he was going to lose the election at that point?

Hume: Oh, I really don't know what he thought his chances were. You know the state, as far as most of the registration, was Republican at that time. It was a real uphill fight for a Democrat. He ran again in 1910.

- Hume: I guess that was the campaign against Hiram Johnson. That was a very close vote despite the fact that, again, the overwhelming registration was Republican, but he won a lot of personal support from Republicans and it was a very close campaign against Hiram Johnson.
- Morris: I gather there were considerable divisions within the Republican party. One thing that interested me, given California's strong Republican registration, why did he pick the Democratic party for his own political activity? Did he ever talk about that?
- Hume: Well, it wasn't because of family tradition, because he came from a large family, and there were all shades of political opinion represented in the family [laughter], but he picked the Democratic party because he preferred what the party stood for. When he was twenty-one years old he first went into politics. The first time he was old enough to vote, he voted for himself for district attorney of Napa County, and he won over an older and experienced incumbent.
- Morris: Had he been involved in campus politics when he was a student?
- Hume: He never went to college.
- Morris: This was in the days when you could become a lawyer by reading law?
- Hume: Well, you read law and you studied under someone. You had a kind of preceptor. He had an older brother who was a practicing attorney. So he read law and his older brother was his tutor or preceptor. My father taught school while he was doing that to support himself and he passed the bar exam and ran for district attorney of Napa County when he was twenty-one years old.
- Morris: That's really wonderful! That's really putting your training to practice right away. [Laughter]
- Hume: Then a few years later he ran for Congress and was elected, in 1902. We moved to Washington when he went to Congress when I was two and a half years old.

Morris: Had he developed a statewide reputation in order to be elected to Congress?

Hume: Well, no, he was from a congressional district that was geographically larger than Napa County, in those days, but he was, you know, becoming known then. I think he was in his thirties when he went to Congress. I think he was the youngest congressman there.

Morris: Did he stay more than one term?

Hume: No, he didn't. And I guess he came back to run for governor. Let's see, that 1906 campaign was when he ended his first term and he didn't run again.

Morris: Another Democrat, Franklin Lane, apparently was almost elected in 1902. He was also from Napa.

Hume: Yes, or from that area, I'm not sure he was from Napa or a town close by.

Morris: And William Randolph Hearst was one of the major supporters in terms of the press. Was he a friend of the family?

Hume: He was not a supporter of my father, you know. He didn't like Hearst.

Morris: Oh, this was one of the questions that I had in mind. Apparently Hearst had an independent candidate and party in 1906 which according to Mr. Mowry's book probably was the reason that your father was not elected governor.* It was a close enough election.

Hume: That's right. Hearst was not a supporter of my father.

Morris: That's interesting. Did they have disagreements on the kinds of changes needed?

Hume: Yes. I don't remember the substance of them. I just

*The California Progressives, George E. Mowry, Encounter Paperbacks, Quadrangle Books, 1963, p. 61.

- Hume: knew they didn't see eye to eye. My father ran for governor under a handicap, not having the support of the Hearst papers.
- Morris: Hearst papers were the primary Democratic press at the time?
- Hume: Yes.
- Morris: That's interesting, because Hearst did support the Democratic ticket in 1910. Was that a matter that he liked Hiram Johnson less?
- Hume: I don't know.
- Morris: That would be interesting.
- Hume: But then it wasn't because of any deal or rapprochement between my father and Hearst.
- Morris: Because the two disagreed throughout.
- Hume: Yes.
- Morris: That's unfortunate, because in those days the newspapers apparently played a very strong role in politics.
- Hume: Oh yes, that's right.
- Morris: Kind of organized the Progressive movement which was an interesting thing. Your father continued in politics after you moved to San Francisco?
- Hume: Yes, you see he ran in 1910 and we moved to San Francisco just shortly before that. And he ran the third time in 1918, during the flu epidemic. He couldn't do any campaigning at all against Rolph. In fact, he almost died, himself, of the flu.
- Morris: Rolph was then mayor of San Francisco, wasn't he?
- Hume: Mayor of San Francisco and elected governor in 1910--Sunny Jim.
- Morris: Was your father also a practicing attorney through those years?

Hume: Yes. Gainfully, yes.

Morris: He was making his living at it. Those are about the years that the Abe Ruef graft trials were going on in San Francisco. Did he get involved in those?

Hume: I think at that time his practice was confined to Napa.

Morris: How did he happen to move the family to San Francisco?

Hume: Because as he became better known, he had more and more cases that took him to San Francisco, and he had set up offices there. So he was part time in San Francisco and part time in Napa. We continued to live in Napa, and then he had so much practice in San Francisco that we moved there. It was because of his practice that we moved.

Morris: So he'd be representing clients who lived or whose businesses were in Napa about affairs in the San Francisco courts?

Hume: No, he had clients from San Francisco, too. He was a very good trial lawyer, and won his cases, so he had a good reputation.

Morris: Did he talk about politics much at home?

Hume: Well, in his family (he was one of nine children--only one of them died before I was born--so there were still seven brothers and sisters when I was around) the topic was always politics. There were very heated debates, and as I say, every shade of opinion was represented in the family. I guess he tried out arguments and ideas and everything with them, and I heard a lot of politics discussed as a child. I used to be horrified because I would think--you know, they would get verbally violent, but nobody ever resorted to physical violence, but as a small child I thought they were going to come to blows.

Morris: I can imagine. [Laughter] Did you have brothers and sisters?

Hume: No, I was an only child.

Morris: So you got the full weight of all of this with nobody to talk about it with.

Hume: Yes [laughter].

Morris: Did others of his brothers and sisters take an interest, themselves, in actual partisan politics?

Hume: No, as I say, he had an older brother who was a lawyer, and they shared that interest, but the rest of the family were either school teachers or engineers--one lawyer besides my father.

His parents were pioneers. They came into California over the Oregon Trail and settled in the Napa Valley in 1850. My grandfather came from Connecticut. My grandfather was supposed to be very sick--I guess he was--as a young man. He had diagnosed tuberculosis. A doctor told him to get out in the fresh air. He was already engaged to be married and he married Jane Wilson and they started West to be in the fresh air and he lived to be ninety-three in the Napa Valley. Bought a big property--five hundred and fifty acres--and raised wine grapes.

Morris: Is that territory still in wine grapes?

Hume: It was a natural basin with marvelous water supply--so much water that they supplied the St. Helena sanitarium with all the water for their hydrotherapy and everything. Because of that, the property was bought by the City of St. Helena, and now the bottom land is under water. It's a reservoir--water supply for the City of St. Helena. The Bell Ranch.

Morris: So that your father would have been a spokesman for farmers and landowners.

Hume: He represented the wine growers in California. When national Prohibition came in they went under, and he represented them until his death, which was rather natural, I think.

Morris: Yes, I was thinking of the way that California politics have developed with the rural areas and the

Morris: growers being a strong influence, and the evolution of their influence.

Do you recall anything in the family discussions about the Southern Pacific Railroad--which was attacked for the way it controlled state government?

Hume: I remember my father being an adversary of Southern Pacific, and I remember--I don't know if you know the name of Frank Devlin, he was on the State Railroad Commission, an appointive job--when we moved to Berkeley from San Francisco in 1920, we moved right next door to Frank Devlin. Frank Devlin was from Vallejo, and the two families knew each other very well. My mother and Mrs. Devlin, and my father and Frank Devlin.

And Chester Rowell lived two houses down the street on Ashby Avenue. And Chester Rowell, of course, by that time had ceased being a newspaper publisher in Fresno and was on the San Francisco Chronicle. About that time, he moved up here from Fresno. These men were personally very close friends, but this was so important to me as I grew up, that one could be very close personal friends with people with whom one differed about ideas or political issues.

Morris: I should say so, yes.

Hume: It was sort of a part of the family upbringing, too, because you know, they were absolutely loyal to each other, personally, but they could violently disagree. My father and Frank Devlin and Chester Rowell were always on opposite sides of issues [laughter], but very close.

Morris: Very close friends. That is interesting.

Hume: They lived in the same block, you see. It was a prearranged plan that they would live close to each other because they found each other stimulating, you see.

Morris: Because of their great differences, you mean?

Hume: Yes.

Morris: The Frank Devlin part is, I think, particularly interesting since railroad commissioners are in general sort of suspect by the public, but he met your father's standards --

Hume: He was an ultra conservative Republican.

Of course, Rowell had a very inquiring sort of mind--interested in anything and everything, and very quick. I don't know where he stood on political things, but my impression was that they weren't on the same side.

Morris: In the textbooks, Chester Rowell is one of the major figures in the group that put together the Lincoln Republican clubs to develop support for progressive ideas.

Hume: You see, my father was also a progressive, and just before the accident that killed him, he switched to the Republican party. He became a Progressive Republican, because he just could not go on with Woodrow Wilson.

Morris: Did you know a man named Champ Clark whom your father supported against Wilson in the 1912 Democratic primary?

Hume: Yes, I remember Champ Clark. He and my father were good friends. You see, he was speaker of the House of Representatives for years. He was from Missouri. I used to go East at least once a year to Washington and New York, and so on, with my father. I remember Champ Clark had this beautiful daughter, very wealthy, and we had lunch with them in the House dining room, oh my. Knew them socially. They were very nice, too. He had a small child there, a very small child.

My father was a great supporter of Clark for the presidency. I recall the Democrat who ran against Champ Clark (I don't recall what year it was, so you may be right) was William Jennings Bryan, whom my father couldn't countenance. Thought he was a phony, I think.

- Morris: All voice and no substance behind it? Was that his feeling?
- Hume: Yes, just couldn't take him. Couldn't take Woodrow Wilson, either, as I mentioned. He switched parties.
- Morris: That must have been pretty exciting --
- Hume: My father had a sort of an idea of things to come. He thought that this country was going to have to deal with Japan and Russia, and just before he was killed, he started to learn the Russian language.
- Morris: That's remarkable.
- Hume: Isn't that interesting? That was in 1922. He started taking lessons in Russian.
- Morris: Had he been a student of or been very interested in the Russian revolution?
- Hume: Oh, he was a great reader, and I guess he had read everything he could lay his hands on about it, and he thought that Russia and Japan--both of them--were becoming great powers, and especially Russia. Of course, this was right after the First World War, you see, and he was so certain that we would have to deal with Russia, that he decided to learn the language and then he was going to go to Russia and take me along with him. But he was going to learn the language before he went.
- Morris: Did he feel that Russia and Japan were going to be a threat to the United States?
- Hume: I don't know how threatening he thought they would be, but at least he thought that they were going to have to be reckoned with.
- Morris: What a great pity that he died as a young man, and was unable to see those things come about and have a hand in them. You traveled with him quite a bit then, as you were growing up?
- Hume: He had quite a few important cases that he had to go to Washington to argue before the Supreme Court.

- Hume: He went more often than I did, but at least once a year I went on a trip with him, when I didn't have to be in school--during vacations.
- Morris: Did any of the things that you heard or asked him about have an influence--or were they of use to you--later on when you were dealing with legislators and political groups, yourself?
- Hume: Not anything as far as content is concerned, but attitudes, I think it just never occurred to me that life wasn't full of political horses and politicians. It was just natural.
- The main thing I learned was the importance of issues. My father was really an intellectual. He was a very practical politician, but I would say we would classify him right now as an intellectual. Tremendously well read and very good perspective. He would go into things in considerable depth.
- Morris: Would this have been a handicap to him in practical politics?
- Hume: I think it was, to a certain extent. He personally had tremendous charm. He was an excellent speaker, so that he could bring all of that big audience along with him.

Classical Education

- Morris: Whereabouts did you develop an interest in sculpture?
- Hume: I was educated to it to a great extent, and exposed to a great deal of fine arts. See, I'd have music, ballet, painting, sculpture. I went to a private school and we were exposed to a lot. And, living in San Francisco from the time I was eight years old--well, even before that I used to be taken from Napa to the theater or to the opera, something special.
- Morris: As part of growing up.

Hume: Yes.

Morris: So that your original intention was to make a career in the fine arts, in sculpture?

Hume: Well, I didn't know what my intentions were. I guess I got this from my father. I was interested in ideas so I majored in philosophy. But I came from an excellent private school in San Francisco. My father was very much interested in my education, and I can remember when I first went to school to a little private school in Napa, Miss Easterby's school. I remember at that time, when I entered school my father began to read about Montessori's methods. I don't think anybody else in California even knew Montessori existed!

Morris: I can believe it.

Hume: I'm talking about 1907. My father would discuss with my teachers everything, and when we moved to San Francisco he made a very good investigation of the schools in San Francisco. Nobody in the family was Catholic, but he decided that a Catholic parochial school was the best one he could find in San Francisco, and I was sent there. And it had a lot of musical education.

Morris: Did this produce any discussions about the religious context of the days?

Hume: Well, I went to two parochial schools before I went to Miss Muirgesen's, and they certainly were excellent educationally speaking. I was exposed to Catholicism, but my father was quite well-known, and I don't know whether it was a special instance in my case, but no attempt was ever made to proselytize me, and my father wanted me to be exposed to everything. We had excellent teachers.

When I went to Miss Muirgesen's, which had the highest academic standards of any school in San Francisco--I was in very good shape, educationally speaking. I went there for five years, so when I entered the university, I took upper division courses my freshman year, and I got all A's. The university

Hume: gave me university credit, so I graduated in three years because of a good educational background.

I came in with five years of mathematics, I'd been through everything in mathematics, so I could go right into a calculus course in the university. I'd already had five years of Latin, five years of French--I took nothing but upper division languages at Berkeley. I had had so much English that I never took an English course at the University of California. I took public speaking instead because I was scared to death to speak in front of a group.

Morris: Really? With all those verbal aunts and uncles?

Hume: Very, very shy.

Morris: Oh my. And who was your public speaking instructor?

Hume: VonNeumayr.

Morris: Well, then, your husband was already on campus in Berkeley, Sam Hume. Did you know him as a teacher?

Hume: That was an interesting thing! I was to enter in the fall of 1918, and then we had the flu epidemic, and they didn't open the university because they had turned the gym into a hospital.

Morris: For the Berkeley city residents?

Hume: Yes, and for the campus. You know, people died by droves during that epidemic. The hospitals just couldn't handle it. So, they didn't open the university until October that year--postponed the opening. When we did go, we had to wear flu masks--the epidemic was still on.

Morris: Very strange time.

Hume: Well, you know, it killed more people in this country than were killed in the first world war.

Before the epidemic struck, that summer, one of my high school teachers said to me, "You know, I think you've never been on the campus in Berkeley, have you?"

Hume: I said, "no."

Morris: Even though you were living here in town?

Hume: No, we were still living in San Francisco. I had been in Berkeley, but I'd never been on the campus. And she said, "Well, it's going to be quite a change from this little private school to -- " (at that time the enrollment was about ten thousand students) and she said, "I think you should go visit the campus before you start." So she was going to take some courses in summer school, so she invited me to come over and spend the day with her.

Morris: How nice!

Hume: I went to classes with her and we had lunch together, and we ended up by having tea with some friends of hers. Well, one of the classes she took me to was a class in contemporary dramatic literature. The lecture was on the subject of a current Broadway hit which was Susan Glasgow's "Suppressed Desires," the first play in America that presented Freudian ideas.

Morris: Yes, I can imagine just the title must have been shocking.

Hume: It was the first time Freud was brought to the American people. It was a smash hit, and the lecture was given by the marvelous young man who had just joined the faculty of the University of California, Sam Hume.

Morris: Oh my goodness! That's almost too full of coincidence.

Hume: I was so taken with him. I was sixteen, and I was just bowled over. [Laughter]

Morris: I can imagine.

Hume: The lecture was marvelous, the subject matter was wonderful. [Laughter] I was just terribly taken. He had just come.

- Hume: Then the next spring I was in the "Parthenia" and he did the make-up job and I met him under those conditions. He had to make me up, and forever after when (of course I knew his name), but when he'd see me on campus he'd say, "Good morning, Miss Bell," and smile and bow very politely. We didn't get acquainted until years later.
- Morris: So you were actually a part of some of those Greek Theater productions?
- Hume: Oh, yes.
- Morris: The public speaking took, I take it. The course was a success?
- Hume: I went out for that sort of thing. And dancing parts, or speaking parts.

Samuel J. Hume: A Husband in the Theater

- Morris: He made quite a striking appearance and quite a striking impact on the campus, didn't he?
- Hume: Oh yes, because, you see, his job was not only to teach dramatic literature in the English department, but his main job was to be director of the Greek Theater. He was tremendously successful as that-- his productions are still cited in the literature --
- Morris: --of the university and of drama in the country.
- Hume: In the country, yes.

Harvard and the East

- Morris: He had studied at Harvard with Professor George Baker?
- Hume: He had gone to the University of California as an undergraduate, but he didn't graduate. He was out a year when his father died. Then he went to Europe

Hume: and studied with Gordon Craig in Florence, writing for some very good publications, and was over there for I think a year and a half. When he came back to this country he went to Harvard and got his degree there and stayed on and did graduate work at Harvard.

Morris: In the drama school there?

Hume: Yes.

Morris: Am I right in thinking that Harvard was the only place that had a school of drama at that point? Or was it just that their reputation was outstanding?

Hume: They were just developing the 47 Workshop at that time. I don't think we called it a school of drama, it wasn't a separate school, but it was out of the English department. You see, English 47 was the name of the course.

Morris: And that's how it became the 47 Workshop. I've always wondered that.

Hume: "47" was the number of the English course. This was where they did their practical work.

Morris: Had your husband planned to come back to Berkeley eventually?

Hume: After he left Harvard he put on the first exhibition of twentieth century stagecraft that had ever been put on, and it was a tremendous success.* He first showed it and lectured on it in Boston, then went to New York and Chicago and Detroit--the big cities in the East and Middle West. He then did several seasons with the Detroit Symphony Orchestra. He did repertory with the Detroit Symphony Orchestra in Detroit. And he was one of the founders of Theatre Arts Magazine along with another Californian (Oh, I can think of his

*For an informative account of his work with "the new stagecraft," see Kenney, Ronald Louis: "A study of Samuel Hume's contribution to American theater," master's thesis, University of Nebraska, 1961. A microfilm copy is in the newspaper room, University of California/Berkeley General Library.

Hume: mother's name, May, she worked for the university, here in Berkeley). I can't think of the name. But the man I'm trying to describe to you is still living and was born and raised here in Berkeley. He wrote about the history of the theater and history of art--Warren Cheney. And he and my husband were very good friends. I don't think Cheney had anything to do with Sam's coming here.

University of California Greek Theater

Hume: Benjamin Ide Wheeler had known Sam from the time he was a student and, I think, liked him very much. I know after we were married and came back from Europe, Benjamin Ide Wheeler was dead, but his widow was still alive and she became one of my dearest friends. She was extremely fond of Sam and awfully nice to me. Then Sam had been a student of Gayley and of the historian (what was his name, a professor of history who along with Gayley and Benjamin Ide Wheeler really ran the university?)--they all knew Sam from the time he had been a student and followed his post-graduate work and career and they were the ones who asked him to come join the faculty and be director of the Greek Theater.

His predecessor as director of the Greek Theater was William Dallam Armes whom I had known as a child because my dearest friend in San Francisco--her family were very close to Armes. I remember the day he died. He fell dead in his bathroom. They told me about it. I didn't know what this portended as far as my life was concerned, you know, that his successor as director of the Greek Theater was going to be my future husband.

But there was that position to be filled. Armes had had traveling companies to give productions in the Greek Theater, Greek plays, people like Sarah Bernhardt. But when Sam came, he created something like the 47 Workshop. He created the Wheeler Hall Players, and they used just a platform in Wheeler Hall to do some of the most marvelous Shaw repertory and things like that. And then he'd put on these

Hume: creative things--magnificent productions--in the Greek Theater which became famous.

Morris: The Greek Theater is such a huge edifice you can't really do the same kind of plays there that you would do in Wheeler Hall.

Hume: Oh, no! It has to be large and that distinction was made. You did intimate things in Wheeler Hall, where you want the audience close to the players. Certain things should never be done in the Greek Theater, they are totally unsuited. His students mixed with professionals.

Morris: Exciting for students.

Hume: For both. And some were townspeople who became quite good actors. You know, they weren't professional actors, but neither were they students. They played parts. So it was kind of three different elements: the townspeople, a few professional actors (not very many), and students.

Morris: Was this an innovation, to use the townspeople?

Hume: Absolutely.

Morris: How were relations at that point between town and gown?

Hume: Relations were very good at that period. Maybe because there was, in a variety of ways, much more interaction between the university and the town.

Morris: Would this have created any problems on campus? Were there those who objected to the kinds of new ideas that your husband brought?

Hume: No, on the contrary. They played to sellout audiences. People bought season tickets and packed Wheeler Hall all the time. They presented, you know, the very best contemporary drama--Shaw, Ibsen. It was educational theater. My husband was never interested in commercial theater, only the educational end.

Morris: How did it become an issue? We have a fairly lengthy manuscript in Bancroft--an interview with Dr. Pepper, and he commented that the Greek Theater and your husband's work got to be a factor in campus administrative politics when President Wheeler died.

Hume: I don't know why Stephen Pepper would say that. After Wheeler, wasn't there a triumvirate, kind of an interim group. Well, I don't think my husband had a problem with them at all, because they were the same people who had brought him here--supported his coming here in the first place.

But Campbell was a very rigid Scotsman who was very moralistic, and he disapproved of my husband separating from his Scottish wife from Edinburgh. You see, my husband in Europe had married a Scots-woman. And so when he came to Berkeley, she came with him. She was the politically minded person in the family. She always knew all the right people and she just played the game (I never knew her), but apparently in a very clever way.

When I first knew Sam years had passed, they had been separated for many years, but when he arrived here he did have this Scottish wife who was very active and very prominent.

Morris: In the campus social structure.

Hume: Yes. She was very political-minded, and when she and Sam separated she was just a virago, just vitriolic. She knew the president, she knew all the important people, and she just did everything she could to get her revenge.

Morris: Did she stay in Berkeley?

Hume: No, I don't think she stayed very long. She stayed for a while, but she moved to Los Angeles. But she was here and she succeeded in getting her revenge.

Morris: That's an interesting comment, that the social, who-you-know things could outbalance the professional.

Hume: Sam (and it's very much to his credit) always spoke very highly of her and said that these things she did

Hume: she did for him. She knew the importance of knowing the right people and entertaining magnificently, and that sort of thing. I never heard him blame her for anything, but I have it from other sources, and very reliable sources, that she really set out to just ruin him.

Morris: Dr. Pepper --

Hume: He may not have known that this was where the politics entered in. Sam was not politic at all, you know. He was just doing a bang-up job as a very creative person.

Morris: When Campbell became president did he review all of the directorships on campus? Is it like governmental politics where a new president reviews the head of every department to see whether or not he wants to keep him?

Hume: Well, you see, it wasn't being head of the department. Sam was never the head of the English department, but it was a prominent position, and before the public.

Also, Gayley either died or retired as head of the English department and a new man was in whose name I've forgotten, who was a good friend of Sam's ex-wife and not particularly a good friend of Sam's. It was really that separation between Sam and this very prominent and very well known and in some ways, I guess, quite marvelous Scotswoman that caused Sam to leave.

Morris: That must have been a very distressing thing for him. He must have invested quite a lot of himself in all of the things that he did here.

Pageants and Publications

Hume: Oh yes, that's true. Well, what he did was, he did the Lexington Pageant in 1925 to celebrate the 150th anniversary of the battle of Lexington and he researched it and he got a very dear friend, Sidney Coe Howard to write spoken material for the thing. He threw himself into that, and as soon as that was done he was commissioned by Alfred Knopf, who was the person who recognized Sam's ability to write--he was commissioned to do the two volume work on twentieth century stage decoration, which was published in 1929.* It took him two years to do that.

That work, incidently went out of print very quickly although it cost fifty dollars, because one whole volume was illustration and one volume text. It was a two volume, expensive work. I didn't even have a copy myself of it, but about five years ago it was republished because it's so standard a work.

Morris: It must have been quite a job just to locate the pictures to make up that second volume.

Hume: It was done in Europe. Because it comprised everything, all the countries, Germany, France, England, U.S.A., of course, Austria--and a tremendous number of photographs and there were personal interviews with the producers who were still around. Sam had kept up contacts with them in any case, many of them. Several hundred photographs were selected for the book. He eventually gave all the photographs--the entire collection to UCLA, to their theater arts group there.

Morris: Did he have friends in that UCLA theater department?

*Hume, Samuel James and Fuerst, Walter Rene, XXth Century State Decoration, A. A. Knopf, N.Y., 1929.





University of California Medical School commencement, 1938. Dr. Hume with Dr. Herbert Evans who had encouraged her to study medicine.



Portia Bell Hume as a bride - in the shadow of the ambulatory of her Berkeley home.



Dr. Robert Gordon Sproul and the Humes, at the celebration of their 35th wedding anniversary, 1962.



UCLA Theater Arts Department

Hume: Robert Sproul--before he became president, he came with Mrs. Sproul to our wedding. He gave me away because my father was dead. Then he became president of the university--decided that UCLA was number one for theater, because of Hollywood and the film industry and with the whole connection between film making and theater it would make the school down there, and he conferred with Sam as a consultant and Sam actually wrote the prospectus of the program for UCLA for Sproul to use. And I came home one day from the medical center at dinner time, and Sam announced to me casually at dinner, he said, "Well," he said. "Bob offered me the chairmanship of that new department," he said. "Of course, I turned it down."

I said, "You did what?"

He said, "I couldn't bear to leave here."

You know, he didn't even consider it. So then Bob asked him to select the people. So you asked me if he knew the people, he selected them! [Laughter] Actually, the best people he knew. He could have gone down there and done it if he had been willing to leave Berkeley.

Morris: When you went to medical school and he was involved in theater things, did this produce any conflicts or choices?

Hume: No. Because it would have been perfectly okay with me to go to Los Angeles. I told him. He didn't stay here because of that, because there were golden opportunities. They were going to build a medical school down there, you know. It would have been very easy for me, but Sam just absolutely couldn't think of himself as living anywhere except in Berkeley and in this house, which we built as soon as we were married.

A Man's Home is His Castle

Morris: It's a magnificent house. Did you design it and build it from scratch or did you bring it over from Europe block by block?

Hume: Oh no, it's all modern material.

Morris: The way it sits on the shoulder of the hill with the trees and shrubbery --

Hume: We had to do a lot of terracing. There were no trees or shrubbery when we started. It looked quite bare at the beginning.

Morris: Is this something that he had had in mind that he would eventually like to build?

Hume: The two of us together. We decided we would build a house around the cloister. We didn't know where it would be. The exact design of it would depend on the terrain. We had decided upon the cloister, which I would like to show you before you go, and actually I did the models for the arches in plaster of paris in Europe.

Morris: So you did get to do some practical application of your sculpting techniques. Tell me how you decided on a house modeled around a cloister.

Hume: Well, because we liked the idea of a house being very much a barrier between us and the public. That is, somewhat closed on the outside but open inwards. The other thing was the climatic factor. You have prevailing west winds here and a cloister is just ideal in this climate. Half the year you can be out in the cloister and have lunch out there, sit out there, and not be bothered by the prevailing westerly wind out there.

Morris: Which often is quite cold even though the air and the sun are warm.

Hume: That's right. We have a terrace on the west side-- try to sit out on that terrace instead of the

Hume: cloister--it's just a remarkable difference.

Morris: So you both were thinking --

Hume: And then we both liked early, pre-Gothic Christian art, you know we used a romanesque--we looked at hundreds of cloisters and picked a transition between romanesque and gothic. Not quite as heavy as the romanesque, but not yet gothic.

Morris: Because of its simplicity?

Hume: Yes, and esthetic beauty.

Thirteenth century was the high point of Western Christian art. It was much simpler and it became very ornate later.

Morris: Has it been a comfortable house to live in?

Hume: Oh, it's marvelous!

Morris: It's interesting that some of the Spanish California architecture uses the cloister, too, against the heat in the valley --

Hume: Those are patios. They differ from a cloister. A cloister is on two levels and has an ambulatory all around it. A patio is a building around an enclosed square or rectangle with no ambulatory.

Morris: Not as a regular feature. But there are some that have a covered walkway.

Hume: Well, one side of the building may be covered, yes.

Morris: That's interesting. Do you think that the Spanish patio type would also go back to the Roman and the Greek?

Hume: Well, the Romans we know have what they call an atrium, which is an enclosed courtyard. There are those ruins that exist at Pompeii and Herculaneum. And of course, Spanish churches have cloisters, but Spanish civilian architecture has been traditionally around a patio, a courtyard, but not an ambulatory as they have in monasteries. Most cloisters are

Hume: associated with monasteries.

Morris: Did your neighbors here and the laborers who worked on it express any surprise. It must have been quite a departure.

Hume: Well, our nearest neighbor here at that time was Mr. Maybeck, the architect. He was very disappointed that we didn't have him as our architect. But he was going through a period at that time when he would say to anyone who approached him, "Well, I see just one room for you." He built a separate one room dwelling for each member of the family. He didn't believe in having --

Morris: -- togetherness -- [Laughter]

Hume: -- a group of rooms. Although we both admired and liked Mr. Maybeck--admired his work and liked him personally, thought he was great, we just couldn't use him because he wouldn't do anything except one room for each person. [Laughter] So we went ahead with John Hudson Thomas who had never done anything like this, but he was a poetic kind of a person and loved every moment of it. And, well, we had a glorious relationship with our architect. Marvelous workman and it took two years--sixteen people, two of whom are still around and they work for me. The man who made the homemade tiles on the roof has just been here to replace some broken tiles.

Morris: I understand that his skill is in very short supply and very much in demand. Those are all hand shaped.

Hume: Well, he worked on the roof when it was built and he comes when I need him--and I have a supply of the tiles for him. You can't buy them any more. You know winds break them off--winter storms, and vines climb up and break some tile. He just was here a few days ago putting some more tile on. Then one of the men who did a lot of the cement work is still in business. Whenever I have any cement work, he does it for me.

We had a wonderful relationship with all of the workmen for two years, and the architect. It

- Hume: wasn't built on contract because we paid them as we went along. It worked out just fine. Mr. Maybeck did come up at least once a week and look around. He was always very friendly and he didn't give any opinions. When it was all done he said, "I like it very much."
- Morris: Isn't that fine.
- Hume: So we had a nice relationship with him throughout.
- Morris: There's another unique architectural thing near here--the temple.
- Hume: The Temple of the Wings.
- Morris: Was that built yet?
- Hume: Yes, and it had no walls. It was two-story-high columns with a roof and a heated floor and canvas instead of walls. It was completely open because they were vegetarians, fresh air fiends, and followers of Isadora Duncan. At least Mrs. Boynton and all the children. And later it's been turned into a conventional house, into apartments.
- Morris: There is still a school of the dance functioning.
- Hume: Well, one of the daughters--she went to college with me--they're very nice people.
- Morris: Considering all the hue and cry that is raised nowadays about alternate life styles I think it's fascinating that this has been going on for a long, long time. Because the Temple of the Wings is certainly extreme.
- Hume: You know, she didn't go to a hospital. I think she had seven children and she never went to a hospital. She was delivered right there in this place with no walls. It had a heated floor which was quite advanced.
- Morris: Was it electrical or water?
- Hume: I think it was hot water--a cement floor. But it had a roof and between these columns--it was a temple,

Hume: you see. Really a Roman temple.

Morris: And then you rolled out the canvas when the rains came sweeping in. How did Mr. Maybeck feel about that?

Hume: I don't know. I never asked him.

Morris: But that was here when you were building?

Hume: That was here when we went to college. It was built back around 1912 or so--earlier, I think, because I knew about the Boyntons long before I came to college.

Morris: That's a large and very colorful family, too, I believe, in all of its manifestations.

Hume: Yes.

Morris: It's interesting that it's been turned into apartments.

Hume: Yes, they put walls up and a floor and made a second story. Some member of the family has continued always to live in some part of it. The road stopped there. When we bought this property there was no road up here, but we knew there was going to be because everything from here on up to Grizzly Peak Boulevard was East Bay Water Company property. It was the watershed for Berkeley, and Berkeley bought a large water supply in the Sierras which had to be piped in and sold. This hillside belonged to the water company--the water district sold it to a real estate developer. Not this piece. Interestingly, this piece belonged to a Captain Thomas, a retired sea captain who lived just down the hill. He had in turn sold it to a Negro family, and Mrs. Murphy was part of this family--she's gone now--lived just across the street and down the hill in a small wooden house. We bought the property from Mrs. Murphy, so she was really our nearest neighbor, even closer than the Boyntons, just on the other side of the road. A black family, it's interesting.

Morris: That's very interesting. Mrs. Murphy is not a name that you ordinarily think of --

Hume: No, but it was a black family.

Morris: And they built on the property and lived on it.

Hume: Yes, they bought a piece from Captain Thomas, and they built on the lower part which is accessible from La Loma. This part up here--there was no way except a trail to walk up. The street stopped down at the --

Morris: How did the workmen get through?

Hume: Well, we waited for the street to be put through. We knew it would. In fact, they let us--I think Sam did a good job. They let him say how the curve should be in the street, and it's beautiful when you look out the window, sweeping uphill and around this knoll.

Morris: And they moved the road up here, and then did it stop above you?

Hume: Oh no, then they went on building roads, because you see from here on up the real estate company wanted to open all that up and get in utilities.

Morris: They had bought the land from East Bay MUD?

Hume: From East Bay MUD, that's right.

Morris: That's interesting, I didn't realize the East Bay Municipal Utility District land had ever come this far back.

Hume: Yes, quite close down.

Morris: They probably figured that it would never be convenient to get cars or wagons up that hill, since they hadn't laid the roads out that far to begin with. Was the thought that Berkeley was never going to grow that big?

Hume: Well, I don't know. It wasn't done until the water company gave up the property. It was the watershed in Berkeley.

Private Lives

Morris: Going back to Paris for a minute, did Mr. and Mrs. Sproul come over especially for the wedding?

Hume: Well, yes and no. The wedding was planned ahead of time, and it was part of their trip, but they also wanted to make a trip to Europe and here --

Morris: -- they got it all together.

Hume: -- they got it all together. I think it was their first trip.

Morris: And did your husband plan a special ceremony for the wedding?

Hume: Well, no, just complying with law. There has to be a civil wedding. You're married by the mayor, and you have to post the banns for three weeks so if anybody objects, they have to be publicly posted. So we had just what was legal in France.

Morris: I thought he might have planned a unique celebration.

Hume: But the mayor made a nice speech, you know. He knew who all the guests were, we told him ahead of time, and he said something nice about everyone who was there, and recognized them all and made a very nice talk (of which I have a copy).

The ceremony itself is very brief. My mother doesn't understand French, and she was standing there and kept saying, "Are you married yet?" [Laughter]

Morris: I'm doing this backwards. You had gone to Paris to study sculpture and Mr. Hume was there producing a pageant. Was that when you became reacquainted after admiring him as a lecturer?

Hume: Having finished at the university kind of ahead of schedule, I stayed on for the year until I was supposed to have graduated and did graduate work in the philosophy department. Then I was asked to be a teaching fellow--teaching assistant--in philosophy and did that and took some more seminars, myself,

Hume: with Teggart, and a few other people. By that time I was living in San Francisco and Sam was also giving seminars, and there was one day in which I attended a seminar from three to five or four to six or whatever it was, and he was giving a seminar, and we caught the same train back to San Francisco. We had electric trains then down Shattuck Avenue.

As I say, naturally I knew him by sight, and he always knew me for years by sight, and we happened to sit together on one of these trips. Got on the train together and sat down together and got acquainted--on the Key Route train. I was a graduate student and it just happened that every week we were going back at the same time. He was living in San Francisco, too.

Incidentally, he was the only non-Chinese who lived in Chinatown. He had the top floor of a building with a Chinese roof and balcony out over Grant Avenue right opposite the rose window in Old St. Mary's Church.

Morris: How lovely!

Hume: Perfectly beautiful.

Morris: Were there interesting things going on in theater at that point?

Hume: Oh yes, all kinds of things. The Opera Association was formed and the opera house was in the planning at that time. All kinds of things. San Francisco was always a very active city. He had a repertory theater in San Francisco. The building is torn down, now, the old Plaza Theater, I think it was called.

I remember going to the theater over there--this was when I was still an undergraduate--with my mother and father. Between the acts we went out to get some fresh air and I remember seeing Sam at a distance. My father never met him. My father was killed before Sam and I got acquainted, but I remember saying to my father, "There's that famous Sam Hume."

Morris: It seems like some kind of predestination.

- Hume: Oh, incidentally, this is a funny coincidence: Sam's mother was a great Republican politician. She represented a delegation from California to national conventions of the Republican party, and she had been president of the California Federation of Women's Clubs. She was an excellent speaker and a real leader in women's organizations in California, and was in Republican politics, and she was busy supporting Hiram Johnson when he ran against my father.
- Morris: Oh, dear! [Laughter]
- Hume: Well, after Sam and I got acquainted my mother and Sam's mother became very close friends and they used to sit and reminisce about those days.
- Morris: And she would have known your father as the Democratic candidate. That is what she was doing while Sam's father was with Wells Fargo?
- Hume: He died when Sam was just a freshman in college. Sam lost a year--took a year out of college when his father died--that's why he didn't finish with the class that he entered with here in Berkeley. He finished his A.B. at Harvard.
- He was a famous yell leader here too, you know.
- Morris: Sam was?
- Hume: Sam was, and an athlete, a Big C man, Golden Bear, the Honor Society.
- Morris: He and Sproul were in a fraternity together, weren't they?
- Hume: Sproul was younger, a little younger, and I think didn't enter UC until after Sam had left.
- Morris: But their friendship goes back --
- Hume: Their friendship goes way back.
- Morris: Was there any thought that Sam would go back to the Greek Theater when Sproul took over as president of the university?

Hume: Well no, because by that time Sproul was discussing with Sam where they should put the university's major effort in this field, and it was decided that they would do it at UCLA.

Morris: The drama school of UCLA includes the movie arts, or is that a separate school?

Hume: No, that's all part of it, which makes sense.

Morris: Yes, it does make sense, but often you get two rival programs. I gathered for a while here at Berkeley there were plays produced by both the English and public speaking departments.

Hume: There never was a drama department here, ever --

Morris: It was extra-curricular?

Hume: When Sam was here, out of the English department.

Morris: Did that cause any conflicts between the faculty of the English department and the public speaking department.

Hume: Not that I know, just nothing much ever happened.

Morris: Did he keep on with his theater work when you returned from Europe?

Hume: Well, he did complete that book. I don't think he did anything in the theater until he did the centennial for the City of Berkeley. He did that program in the Greek Theater.

Morris: That must have been quite something. We've had a lively history, too.

Hume: It was. It was the centennial celebration.

Theater for Young People

Morris: You said he was always interested in the educational aspects of theater.

Hume: Yes, he wrote another book on theater in school. He was a great supporter of making theater arts part of the curriculum in high schools throughout the state. He formed the drama teachers association in California. And while he was director of the Greek Theater, annually he held a contest in which high school kids came to the Greek Theater and read lines of the great plays of Shakespeare or other great plays and contended for best performance. This was all to promote the teaching of theater arts in the schools. When we came back from Europe Sam was made director of avocational education for the State of California.

Morris: You mentioned that and I wondered where that fit into the state structure. Was this part of the park and recreation program?

Hume: He was the only person, I think, who held that position. It was more or less, I guess, created for him, and there's never been one since to my knowledge.

Morris: Who was the governor who realized --

Hume: I'm trying to think who was governor. I can't remember who it was.

Morris: Would this be in the early thirties?

Hume: Yes, it must have been--let's see, we were married in 1927, and it couldn't have been before '28, but it didn't happen immediately. I imagine it was around 1929 or '30.* This was because he had this kind of background, you know, of activity.

*Mr. Kenney's thesis on Sam Hume states that he became director of avocational education in 1932.

Morris: Was this related again to training in acting?

Hume: At the high school level--or junior college level. And he was promoting -- He thought it very important that people, as part of their education, have some kind of preparation for how to spend their leisure time.

Morris: He was well before his time in that idea. It's one we really haven't faced up to yet.

Hume: Also his experience with these drama teachers throughout the state--they were very enthusiastic about it. They got out a publication which they may still publish for all I know, called Theater in School. And he wrote a book called Theater and School--kind of a textbook, I guess.* I don't have a copy of that. Anyway he had that position and I don't think he was in it too long. I think it was a couple of years, and then he went into a very interesting assignment.

Asian Civil Rights Crusade

Hume: He organized what is called the California Crusaders, and their purpose was to repeal the very strict and objectionable discriminatory laws excluding orientals from coming into the country. The exclusion laws--mainly it was against orientals--were for anyone coming from west of here--the Far East. Here his great debating and speaking abilities came into play because he had to work with the legislators and he debated in front of people up and down the state in public forums and tried to change public opinion.**

*Theater and School, Hume, S.J. and Foster, Lois M., New York, S. French, 1932.

**As early as 1932, Mr. Hume spoke of the need for modification of the U.S. Immigration Act of 1924 before the Commonwealth Club of San Francisco, in an address entitled "The Square Deal in the Pacific." A copy is in the University of California holdings.

- Hume: This was all going along quite well and some progress was being made. I forget just what--I think some amendments were made as far as local laws were concerned. Of course there were federal restrictions on immigration, too. And then, of course, along came Pearl Harbor and just --
- Morris: That must have been a very distressing time for him.
- Hume: I remember that earlier he had a speaking engagement in Fresno, and he told me about listening to the radio and hearing Hitler speak when he marched into Poland. Sam was absolutely convinced that we were going to become involved. Of course, he couldn't predict the Pearl Harbor thing.
- Morris: Did he get involved at all in what to do about the Japanese after Pearl Harbor had happened? Were there any efforts on the part of his organization to stop the relocation?
- Hume: No, that couldn't be stopped because that was federal action that was taken. But one of our dearest friends, Ralph Merritt, who had been controller of the University of California and a regent of the University of California was put in charge of one of those camps in Arizona where a lot of the Japanese from California were moved, and we used to see the Merritts during that period. I think Ralph was a good person to head up the camps because he was very much concerned about what was happening to these people, and their rights and their property. It was a dreadful thing.
- Morris: Yes, I think it's left its mark to this day. Is Mr. Merritt still around Berkeley?
- Hume: No, he died several years ago, and so did his wife. He hadn't lived in Berkeley for many years. He was living in Berkeley, I think, at the time of Pearl Harbor, but after that they lived in Southern California.

In Conclusion

- Morris: Well, thank you very much. I appreciate your filling in the background on these two distinguished gentlemen in your life for us.
- Hume: Theodore Bell and Samuel J. Hume.
- Morris: Theodore Bell and Samuel J. Hume, yes. What did the "J" stand for?
- Hume: James. His father was James Bunyan Hume. A Wells Fargo detective. That's a nice book.
- Morris: It's a lovely story, yes.
- Hume: Good job. That man is a fine historian.*
- Morris: I shall look in the library. I would love to see the book your husband did on the theater.
- Hume: It's called Twentieth Century State Decoration, and its co-author is Walter Renee Fuerst. He was a set designer, from Paris, but he originated in Austria. He was very important with several of the language barriers and knew some people that Sam didn't know. Of course he didn't write English, so Sam actually wrote the book, but Mr. Fuerst was listed as a co-author as he should be because he was so very important a partner.
- Morris: Those must have been exciting days in Europe.
- Hume: Yes, they were. There was very interesting avant-garde experimental theater going on all over the place.

*Loomis, Neil M., Wells Fargo, New York, C.N. Potter, 1968. See also: Report of Jas. B. Hume and Jno. N. Thacker, special officers, Wells Fargo & Co. express, covering a period of fourteen years, giving losses by train robbers and burglaries...since November 5, 1870, San Francisco, H.S. Crocker & Co., 1885.

Morris: Did you go to all of these theaters?

Hume: Yes, I went to a lot of them, met most of the current directors.

Morris: Those were the years of the great number of Americans in Paris, studying all kinds of creative things.

Hume: Yes, I was over there to study with Wardell. Sam and I were quite well acquainted before we went to Europe and then we were married over there. We had to wait before he finished the book before we came back here.

Morris: That's a nice wedding trip. Were there other students from Berkeley?

Hume: The plates were all done by a French firm--excellent plates. What was your question?

Morris: Were there other students you'd known from Berkeley who were studying in Paris at the same time?

Hume: No. I had a very dear friend from early childhood from San Francisco who was there part of the time that I was there. She was studying to be an opera singer. I saw her in both Florence and Paris. Shortly afterward she died very prematurely of acute leukemia.

Morris: That's a dreadful thing.

Hume: Yes, a terrible tragedy. Incidentally she was engaged to--and I think they were married before she died--to Winthrop Sargent who was the music critic for the New Yorker. He came from San Francisco, too. I knew him when he was a little boy. He directed the San Francisco Symphony as a child prodigy. But there was no one from my college days over there.

Morris: Was it a letdown to come back to Berkeley and the Bay Area after Europe?

Hume: Oh, no. I was so happy to come back, I was so excited about it.

Morris: Building this house must have been a marvelous project to do together, having planned it all from the beginning, and having it work out so nicely.

Hume: It didn't take very long. I guess within a month or so of coming back we found this piece of property, and then as I say we had to wait three or four months for the road to get this far up the hill so that we could bring in the equipment to start it. I think now, in retrospect, I realize what a big undertaking it was. At that time I didn't think of it that way.

Morris: Probably just as well! [Laughter]

Hume: Probably wouldn't have done it if I'd realized! This was really a major undertaking. We were here every single day while it was being built. It took two years on the job. We did a lot of little things ourselves, and it was just a wonderful experience.

Morris: Did your mothers approve?

Hume: Oh, yes. They went along with all this. Sam's mother didn't survive. She was quite ill, and she didn't see the place completed. My own mother eventually developed Parkinson's disease and she lived with me before she died; lived in this house. She loved it. Nobody disapproved. Some people said, "They're nuts. They're crazy." [Laughter]

Morris: It isn't everybody when newly married who knows that clearly the kind of ideal dwelling they would like and then can put it into actual reality. Do many of the neighborhood children come knock on your door and ask for a tour?

Hume: Oh yes, this has been going on for years.

Morris: Do you refer to it as The Castle?

Hume: No, that's what the taxi drivers call it. No, the only thing I ever think of it is--it's nothing like a castle, it's more like a monastery. I want to show you the cloister now.

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Portia Bell Hume, MD

Architect of California's

community mental health program

ANITRA C. HURLEY

California's community mental health system has long been a model for the rest of the nation and no one who knows its history will deny that Portia Bell Hume gets most of the credit.

Twenty-one years ago, Dr. Hume, psychiatrist and psychoanalyst, was given the responsibility, as first deputy director for community mental health services of the State Department of Mental Hygiene, for developing and administering a statewide program of mental health services and clinics. She wrote the first draft of the Community Mental Services Act (Short-Doyle), which was passed in 1957. In that year, she was cited by the National Association for Mental Health for her services in sponsoring the legislation and getting it passed.

"We carried out an extensive educational program in the community," Dr. Hume recalled. "By the time the bill came to a vote, the majority of California's population knew about it. More than half the senators and assemblymen were co-authors and the bill passed with only two dissenting votes."

Short-Doyle provided for mental health clinics in California's communities, including a 50-50 state-local funding formula to develop them, and with its passage California established a model for the National Mental Health Act of 1963 which furnished federal funds, to be locally matched, for community mental health centers. When the federal bill was passed, California was ready for it.

Dr. Hume had already pioneered several mental health programs. The first psychiatrist to join the staff which opened Langley Porter Clinic

in 1942, she developed and directed its outpatient department until 1947. She organized the psychiatric clinic at Cowell Hospital for UC-Berkeley students and was associate psychiatrist there from 1946 to 1951. She established the Berkeley State Mental

Hygiene Clinic in 1948 as a field training center affiliated with UC-SF and Berkeley and was its first director until 1951. In that year, she was asked to take over as deputy medical director for community mental services for the Department of Mental Hy-



Dr. Hume: "Community psychiatry represents the public health approach to the reduction of mental disorder."

giene, a post she held until 1961, and the highest non-political civil service post in the department. In all, she served under 13 directors of mental hygiene.

From 1961 to 1971, Dr. Hume directed the Center for Training in Community Psychiatry and Mental Health Administration at Berkeley, also under the Department of Mental Hygiene. When the director of the psychiatric residency program at Berkeley's Herick Hospital resigned in April, 1972, she was asked to take over.

A long teaching career

A long teaching career in psychiatry began in 1940, at UC-SF Medical School from which she retired as clinical professor *emeritus* in 1969. From 1947-55 she gave the psychiatry courses at UC-Berkeley School of Social Welfare, and since 1965 she has been teaching public health administration at UC-Berkeley School of Public Health. She has been visiting lecturer at such institutions as Columbia University, Johns Hopkins, Menninger Foundation, Nebraska Psychiatric Institute, and Walter Reed Army Hospital.

Unlikely as it now seems in the light of such a history, Dr. Hume didn't start out with a medical career in mind. A Phi Beta Kappa graduate of UC-Berkeley, she was a candidate for a master's degree in philosophy when she married.

"After marriage," she said, "I spent several years in Europe where my husband, Sam Hume, was writing a scholarly, two-volume work. I studied sculpture there and when we returned to Berkeley we built a home here which we both designed. That was 43 years ago."

Berkeley landmark

The house they designed, something of a landmark in Berkeley, is an imposing stone castle, high in the hills overlooking the bay, and reflects, both inside and out, her early training in sculpture.

"When the house was finished, I decided I wanted to study biology and science. At this time, I was already out of college for some years. A scientific friend advised me to take pre-med courses, so I did, and pretty soon I found myself in UC medical school."

One of the big obstacles to the development of California's community

mental health system was lack of manpower. So the Center for Training in Community Psychiatry trained post-graduates in four disciplines—psychiatry, psychiatric social work, clinical psychology and psychiatric nursing. The center offered postgraduate training in preventive psychiatry to over two thousand students and 50 certified community health specialists in the field in ten years.

Preventive psychiatry

As Dr. Hume explained it, "Community psychiatry represents the public health approach to the reduction of mental disorder. It's preventive psychiatry. Primary prevention is prevention of the occurrence of mental disorder. In practice, though, most prevention is either secondary—which is casefinding and referral for prompt intervention for people with mental health problems—and tertiary, which means prevention or alleviation of the secondary handicaps that develop when a mental disorder becomes chronic.

"The community in community mental health work may be defined by regional and geographic boundaries or it may simply be a neighborhood. It's the total environment where people live and receive services. The community is also the population at risk of a mental breakdown."

Social psychiatry

Social psychiatry, too, assumes an increasingly important role at a time when our society is plagued by many disorders. But Dr. Hume distinguishes sharply between the two disciplines. "Social psychiatry is research into the role played by social and environmental factors in mental illness," she explains. "As a research effort, the movement is a valid part of prevention. Unfortunately, there's a trend in the practice of social psychiatry to over-emphasize such social factors as poverty, war, or ethnic background in the epidemiology of mental breakdown. However, such factors are not exclusively responsible. After all, we see similar mental disorders in all societies under quite different conditions.

"I criticize social psychiatry as practice, just as I do biological psychiatry, which overemphasizes the biological factors. Mental disorders are multifactorial in nature. Social factors, biological or genetic factors, and psychological factors all play a part in it. There are only two conditions

regarded as mental disorders, which wouldn't occur without outside factors. One is the post-traumatic anxiety state which occurs in wartime in almost epidemic proportion. The other condition, which is very rare—I saw my first case just recently and I wouldn't have recognized it if I hadn't recently read about it in the literature—is the apathy syndrome. It comes from frustrations in a situation from which an individual can't escape.

"The therapists who insist that the causes of most mental disorders are external are only partially responsive to the patient seen as a victim of circumstance. They're not helping him by practicing psychiatry without psychology and biology."

Dr. Hume thinks there are potentially enough mental health resources to help all those who need help, but in practice bureaucracies use professional personnel wastefully, and prevention is still too little understood. "Very well-trained psychiatric social workers, for instance, are often not permitted to practice what they know how to do best. Instead, they're assigned to go to meetings. And psychiatrists in public service often get promoted administratively rather than clinically. I've always retained a small private practice, and I tried to insist that any former clinician who was given administrative duties continue to engage in some clinical work. Otherwise certified health administrators tend to exercise power rather than apply their clinical skills in behalf of the consumers they serve in such large numbers."

Dr. Hume recently accepted an invitation to become a Charter Fellow of the American College of Psychoanalysts. Her memberships, fellowships and offices in about two dozen other professional associations and committees, local, state, national and international, suggest the breadth of her interests. And the brilliance of her career argues that she hasn't experienced any discrimination as a woman.

Or—has she?

"Some," she said with a smile, "but it didn't matter because I never aspired to be State Director of Mental Hygiene, though if I'd been a man I could hardly have avoided it."

Portia Bell Hume's leadership will earn her an enduring place in the history of mental health and public health efforts in California and the United States.



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Portia Bell Hume 1901 - 1986

Portia Bell Hume died near her childhood in the Napa Valley, of heart and kidney failure, on Saturday, August second, after three years of deteriorating physical health and mental faculties. She was eighty-five years old. Two years before her death, almost to the day, with the encouragement of relatives who were caring for her, Portia accepted baptism into the Catholic Church.

Known as the "mother of community mental health" in California for her pioneering work to improve mental health care, Portia had authored the California Mental Health Services Act (Short-Doyle), explained it in open hearings up and down the state, shepherded it through the legislature, and as deputy director of the Department of Mental Hygiene had implemented it, bringing the state's mental health care to national preeminence.

In recognition of this particular service to the mental health of Californians Portia was one of five honored guests in May 1968 at a dinner for Senator Alan Short, commemorating the tenth anniversary of the Short-Doyle Act. The other guests so-honored were then-Assemblyman Donald Doyle and former Governors Goodwin J. Knight and Edmund G. ("Pat") Brown. The Short-Doyle outpatient services were a model of the preventive function of outpatient care so dear to Portia's concerns. Under Governor Reagan, cuts in the budget and diversion of Short-Doyle funds to acute-care services seriously eroded these outpatient services.

In the Bay Area Portia had founded and directed the Center for Training in Community Psychiatry (1961), first of its kind sponsored by any state in the nation, which during its heyday trained hundreds of mental health workers for administrative duties. In earlier years she had helped found the Langley Porter Neuropsychiatric Institute (1942) and was its first outpatient department director. She founded and directed the Berkeley State Mental Hygiene Clinic (1948), and she set up the psychiatric clinic of the University of California Berkeley Student Health Services at Cowell Hospital. She served under thirteen directors of the California

Department of Mental Hygiene and was deputy director for a decade beginning in 1952. She retired from state service altogether in 1973, but for several years thereafter directed psychiatric training at Berkeley's Herrick Hospital. Appointed to the faculty of the University of California School of Medicine in San Francisco in 1940, at retirement Portia was made Clinical Professor Emeritus by the UC Regents who also had awarded her their 1969 Royer prize for contributions to the advancement of psychiatry and neurology.

Such are the bare outlines of her professional life. They do not capture her charm, her amiability, her patrician manner—to some her imperiousness—her openness, her quiet energy, the catholicity and caring in her friendships, the easy generosity of her actions, nor the keenly analytic qualities of her mind.

Portia's grandparents came to California in sailing ships around Cape Horn and over the Great Plains in covered wagons. The young German grandmother Muller arrived in San Francisco with scurvy. The New England teenage grandmother Bell arrived healthy and "fat as a bear" with a trail-born baby and a shipwright husband, who seemingly trusted the schooners of the prairie more than the schooners of the sea, and whose "old liver complaint" was now gone. In an 1859 letter Jane Bell merrily recounted as adventures the adversities of the trek—buffalo-chip cooking; a trail-side lynching; animal- and man-cutting, egg-size hail; and Indian incidents. "There was an Indian Chief offered Charlie two of his best ponys for me. Don't you think he had ought to have traded?" she wrote. Both sets of grandparents had large families, and as San Francisco merchants, Vallejo shipbuilder-Napa Valley rancher, and newspaper publishers and lawyers, both families thrived.

As an infant Portia did not thrive. At two or three months of age she was less than birth weight—colicky and unable to digest milk or any of numerous formulas. She was starving to death until her German grandmother, who had raised nine children of her own, said, "I have stood by and watched this long enough. I am now going to take the baby and save her life." She

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took the miserable little girl and fed her Mellon's Food, a new proprietary baby formula. On it, and on the grandmother's loving care, the baby began to thrive.

Portia's mother, Anna Muller Bell—beautiful, intelligent, charming, elegant, socially desirable, good natured, quiet—not infrequently complained of headaches and exhaustion. As a child, Portia, with her father's encouragement, enjoyed taking care of her mother. She continued throughout her mother's life to see to her good care; and not long before death from Parkinsonism and a stroke, her mother said to Portia one day, "I don't think I've ever said this to you before but I would like you to know how wonderful you have been to me...what a marvelous daughter."

Most of Portia's own early care devolved onto mother surrogates—an affectionate Irish woman, Maggie, in California; and later in Washington, when Portia's father was a congressman, a warm black woman, Liza Johnson, "my real mother," and a grandmother surrogate, Liza's "own corn-cob-smoking, old-fashioned black mammy."

There was always a certain tension as well as humor and affection between Portia and her mother. Portia remembered her mother saying repeatedly to friends and relatives that having a baby was the most painful, difficult thing in the world. Portia on the other hand used to tease her mother that she intended to have a big family, a dozen children when she grew up.

From an early time Portia was independent-minded, patient, tenacious, and sometimes stubborn. Her mother was idiosyncratic to the point of obsessiveness about cleanliness in the hotels and apartments where they often lived in connection with Portia's father's work, keeping Portia's best clothes and best dolls locked up. When Portia was five, her parents gave her, in front of everybody in the hotel where they were living, a life-size baby doll with eyes that opened and closed. Her mother locked it up and wouldn't let Portia play with it. Later, her mother would get the doll off the shelf, out of the box, and sit on the front porch in the rocking chair in the summer evening with this doll in her arms. Portia spread around the

neighborhood that her mother had a baby and that she kept it secret from everybody, and if they didn't believe it, all they had to do was walk down the street and see her mother sitting with the baby on the front porch. Portia's mother was furious but seemed not to understand Portia's frustration. Portia as a young woman finally gained control of her belongings when her father settled some money on her. Her later love of things and her generosity with them—art works, antiquities, well-crafted objects—may well have had roots in early maternal frustrations.

Portia had acquaintance with psychiatric patients in early childhood. The Napa State Hospital was not far from the Bell Canyon Ranch. The hospital was the county's major employer, and its superintendent was a person of importance in the community. Occasionally, Portia went to dinner with her parents at the superintendent's home, and Portia could see that patients who worked there were treated with respect. Portia's parents sometimes went to the Saturday night dances for patients. And Portia knew that several of her uncles had taken painting lessons from one of the patients.

Portia's father, Theodore Bell, was a brilliant, largely self-taught lawyer, great debater—charming even to his political enemies who were often good friends and never became personal enemies. [Portia was like that.]

Theodore Bell at twenty-one was the youngest district attorney ever elected in Napa. Once as a posse member he exchanged gunfire with, wounded, and helped capture a notorious stage coach robber. At thirty-one Theodore Bell became California's youngest congressman, ably representing the grape-growing and agricultural interests of the Napa Valley. He was three times narrowly defeated for the governorship of California, once by the formidable Hiram Johnson, who later was a Bull Moose vice-presidential candidate with Teddy Roosevelt.

Theodore Bell encouraged Portia's independence and intellect, often telling her that in some self-chosen capacity she would become a leader in California. He

saw to it that she had what he thought was the best available preparatory education: a Montessori grade school, a Catholic Academy, a private high school. Portia liked the ritual, the music, and the religious art of the Catholic academy. Her parents, nominally Presbyterian, were not churchgoing nor religious but allowed Portia to go to Sunday school with friends when she wished. When Portia was at the University of California Berkeley, Theodore Bell told her that he would buy her any car she wanted if she would first take a year-long course in automotive engineering and learn to disassemble and assemble an automobile. He himself did not drive but hired chauffeurs as needed. After the course Portia chose a large and expensive Pierce-Arrow open touring car in which she took her Pi Beta Phi Sorority sisters on outings.

Portia's interest in things mechanical and her friendship with several engineering students from the automotive class led her to join them in maintaining and flying around San Francisco Bay a pontoon-equipped airplane that they kept in the Alameda flats of San Francisco Bay. She had a short-lived first marriage to one of these flying buddies. This marriage was impulsively entered into shortly after her father died. He was killed in a car accident, in his political prime at age fifty, on a mountain road in Marin County, en route home from a hunting club with a friend whose driving was alcohol-impaired. That day, Portia, age twenty-one, and recently graduated from UC-Berkeley, and the young flying buddy had been speed-testing a fast Marlin roadster on a race track in Cotati in adjacent Sonoma County. Police located her and escorted her home through a large traffic jam of Labor Day outers. A long time afterward, as she was about to receive the UC Royer Award, Portia said, "It seems strange, after all these years, but I wish my father were here."

At UC-Berkeley Portia was a third-year Phi Beta Kappa with a major in philosophy. At graduation, with enough courses in astronomy and mathematics, she was offered a position teaching astronomy at Wellesley College, but she chose instead a teaching assistantship in the philosophy department at UCB where she did graduate work in the

ethics of David Hume.

While riding together on commuter trains and ferries going daily from San Francisco to Berkeley, Portia became acquainted with Sam Hume, related to, though not directly descended from, the Scottish philosopher. Sam Hume was the director of UC's Greek Theater, author of the standard book on stage design still in print today, a Harvard-trained Shakespeare scholar, and owner of the finest rare books store west of the Mississippi. Sam's father, James Hume, the chief detective of Wells Fargo, through a laundry mark, had traced and captured the California stage coach highwayman Black Bart.

Although Sam was some years older, and both he and Portia were married to others, they fell in love. They went off to travel and study in Europe, obtained divorces, and were married in Paris. Family friend and President of UC Robert Gordon Sproul gave away the bride.

Sam, incidentally, had given Portia her name. When Portia was small she was called Vera but when she was about three she discovered that an old broken down plow horse on grandfather Bell's ranch was named Vera. One of her uncles teased her and said she was named for the unpleasant, decrepit, miserable old horse. Much offended, Portia refused thereafter to respond to the name Vera. She accepted the name Maureen, later adding Theodora for her father. But Sam Hume thought she should be called Portia because she was like Shakespeare's Portia with that appealing heroine's lucid, legal, and analytic mind; and it was as Maureen Theodora Portia Bell that she was married. Ever after she carried the euphonious appellation Portia Bell Hume.

Having begun sculpting in San Francisco as a student of Beniamino Bufano, Portia continued in Paris and acquired a reputation as a young sculptor of talent. Returning to California, Portia and Sam built a large, carefully crafted house high in the Berkeley hills looking out over the university, the bay, the hills beyond, and San Francisco. The stone-like, reinforced-concrete-block and timber, tile-roofed house was modeled on a thirteenth-century

French Augustinian monastery they had both loved. It had a large courtyard, a hung staircase like one from a battlement in the great Crusader castle at Carcassonne, a cloister, an ample kitchen and scullery, a great hall and library, refectory with capacious fireplace, and separate studies for Sam and Portia.

Because after several years she had not conceived, Portia had a surgical correction of a retroflexed uterus, only to have Sam later reveal that he had married her knowing he was sterile. Portia sculpted, at about that time, some child-size white marble figures. Smooth-lined, nun-like, hooded, they stood in the cloister, their gaze downcast in quiet timeless sadness. Deeply dispirited, and almost thirty years old, Portia sought another outlet for generative and nurturant impulses. Encouraged by Sam, she decided to study medicine. For a while she had a special interest in embryology.

At this time one of Sam's students in stage design decided to make a career change, too. He came into their home to facilitate Portia's and Sam's careers, relieving them of household concerns and freeing them to their work. Shy, introverted, intelligent Lloyd Stanford was gifted chef, craftsman (builder of harpsichords), artist. He stayed with Portia, making the castle, as some called the great house, run smoothly until his death some years after her retirement, loyally caring for Portia--and sometimes her dogs and cats--in his cloistered life, and nurtured by her equally loyal protection.

While Portia finished her premedical and medical studies, Lloyd and Portia's mother, now healthy and flourishing after Theodore's death, helped with the entertaining that was necessary for Sam in his positions as faculty member and theater director. Despite the difficulties encountered by women in medicine in those days, Portia enjoyed medical school at UC-San Francisco. She made good friends among the faculty, including famed pharmacologist Chauncey Leake (who many years later charmed everyone as master of ceremonies at Portia's retirement party). Portia finished internship, and residency in neurology and psychiatry, at UCSF, and

wartime duties and opportunities abounded. Even in residency Portia was in on the planning and development of the Langley Porter Neuropsychiatric Institute: as a UCSF instructor in neurology and psychiatry she was employed by the state to open the institute in preparation for the coming of Karl Bowman who was to be its first director and the first professor and chair of the newly created department of psychiatry. When Doctor Bowman arrived, he rejected Portia's proffered resignation as outpatient director. Her career and accomplishments were under way.

Portia took psychoanalytic training at the San Francisco Psychoanalytic Institute shortly after its founding. Affected earlier by the principles of prevention in the lectures of bacteriologist Karl Meyer, Portia was much influenced about the need for development of prevention in mental illness, not only by her work with her own analyst Emanuel Windholz, but by her work with Siegfried Bernfeld, Bernhard Berliner, and Erik Erikson.

In later years in a private memorial service for Sam Hume, and again at a service for her friend Bernice Engle who had been editor, researcher, Greek scholar, writing-mentor not only to young psychiatrists and their children but to colleagues such as Karl Bowman, Karl Menninger, and Norman Reider, Portia read from George Santayana lines that seem to me to characterize her loving and dedicated life.

"I give back to the earth what the
earth gave,
All to the furrow, nothing to the
grave...."

David W. Allen MD

Portia Bell Hume's professional life in oral history transcripts is available at the Bancroft Library at UC-Berkeley and at the Langley Porter Psychiatric Institute Karl Bowman Library at UC-San Francisco. Details from her personal life Doctor Hume told Doctor Allen in six oral history tapings for the American Psychiatric Association in 1976. Other details came from relatives, published data, and the Napa County Historical Society.

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